

FROM : -

FAX NO. : 19544236902

5/2

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-21-2002 91141 037 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V14826

1. Entity Name

C.N.A. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6725 HARDING AVENUE

3. Mailing Address

PO Box 415493

Suite, Apt. #, etc.

STE # 406

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI BEACH, FL

City & State

MIAMI, FL Beach

4. FEI Number

65-0335905

Applied For

Not Applicable

Zip

33141

Country

USA

Zip

33141

Country

USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name B.J. DANIELS

Street Address (P.O. Box Number is Not Acceptable)

300 71st STREET

SUITE 625

City MIAMI BEACH

FL

Zip Code 33141

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature (typed or printed) name of registered agent and date if applicable

(NOTE: Registered Agent signature required when withdrawing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$350.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS

TITLE	IVENS, MARGON TREASURER
NAME	6725 HARDING AVE.
STREET ADDRESS	MIAMI BEACH, FL
CITY-ST-ZIP	
TITLE	IVENS, CHRISTIAN PRESIDENT
NAME	6725 HARDING AVE, STE 406
STREET ADDRESS	MIAMI BEACH, FL
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11B.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X

MONITOR AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-02

Date

3057750641

Daytime Phone #

CR2E0348 (12/01)