

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 359120

1. Entity Name  
**CIMA INVESTMENTS CORPORATION INC**

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90094 008 \*\*\*150.00

Principal Place of Business Mailing Address  
**% NESTOR MORALES** **C/O MARCIA B. CABALLERO**  
**2450 SW 137TH AVE. S-221** **2450 SW 137TH AVE. S-221**  
**MIAMI FL 33175** **MIAMI FL 33175-6332**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
**1305 SW 30 Av.**  
 Suite, Apt. #, etc.  
 City & State  
**MIAMI, Florida**  
 Zip Country  
**33145**

4. FEI Number **59-1320651** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CABALLERO, MARCIA B. E**  
**2450 SW 137 AVENUE**  
**SUITE 221**  
**MIAMI FL 33175**

7. Name and Address of New Registered Agent  
 Name **ANTONIO GARCIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2588 SW 27 Av.**  
 City **MIAMI** State **FL** Zip Code **33133**

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 DATE **3/23/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CIMADEVILLA, MANUEL</b> <b>1305 SW 30TH AVE</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CIMADEVILLA, MANUEL</b> <b>1305 S.W. 30TH AVE.</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CIMADEVILLA, DIGNORA</b> <b>1305 S.W. 30TH AVE.</b> <b>MIAMI FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **3/23/00** Daytime Phone # **305-446-5202**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)