

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90307 030 ***150.00

DOCUMENT # P00000019546
Entity Name
 C B I C CORP

Principal Place of Business **Mailing Address**
 7921 NW South River Dr, #321 8758 SW 8 Street
 Medley, FL 33166 Miami, FL 33174

Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
Zip **Country** **Zip** **Country**



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0984431 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| UZ, JOSE 7921 NW South River Drive, #215 Medley, FL 33166 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

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, 2001 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 | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|--------------------------------|---------------------------------|--|---|--|---------------------------------|-----------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | UZ, JOSE | | | NAME | | | |
| STREET ADDRESS | 7921 NW S River Drive, #215 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | Medley, FL 33166 | | | CITY-ST-ZIP | | | |
| TITLE | VPD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HERNANDEZ, CANDIDO | | | NAME | | | |
| STREET ADDRESS | 18701 NW 52 Avenue | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | Miami, FL 33055 | | | CITY-ST-ZIP | | | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MORALES, ROGER | | | NAME | | | |
| STREET ADDRESS | 7921 NW S River Drive, #214 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | Medley, FL 33166 | | | CITY-ST-ZIP | | | |
| TITLE | SD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LOPEZ, TEDDY | | | NAME | | | |
| STREET ADDRESS | 15405 NW Lakeworth North, #303 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | Miami, FL 33014 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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: **4/23/01** **(305) 227-2120**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #