2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000006651

1. Entity Name
CIREDA INVESTMENT CO., INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90136 041 ***150.00

Principal Place of Business	Mailing Address
3815 S ATLANTIC AVE #401 DAYTONA BEACH SHORES FL 32127	3815 S ATLANTIC AVE #401 DAYTONA BEACH SHORES FL 32127

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

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3488966 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALEZ, DON ESQ
9050 PINES BLVD
STE 450-F
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated) 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

TITLE	PTD	☐ Delete
NAME	GONZALEZ, CIRO	
STREET ADDRESS	3815 S ATLANTIC AVE, #401	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32127	
TITLE	VSD	☐ Delete
NAME	GONZALEZ, DAYRA	
STREET ADDRESS	3815 S ATLANTIC AVE, #401	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32127	
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/00)

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: [signature] 4-16-2001 (954) 432-1649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #