## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

F02000002448

1. Entity Name CEC-EAST, INC.



Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90227 011 \*\*\*150.00

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Principal Place 295 NORTH S TETERBORO	STREET UNIT		Mailing Address 295 NORTH STREET UNIT 6 TETERBORO NJ 07608									
2. Principal P	Place of Busin	ess	3. Mailing Address 8870 NW 24 TERRACE									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State	e	<del></del>	City & State  MIAMI FL				4. FEI Number 95-4430446				oplied For ot Applicable	]
Zip Country			Zip Country 33/72 USA				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required					1
	6. Name	and Address of Current	legistered Agent				7. Name and Address of New Registered Agent					
<u> </u>		·		Name								
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	24 TERRAC			Street Address			(P.O. Box Number is Not Acceptable)					
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MINIMI LE	33172						<del></del>			- <u></u> -		1
					City				FL	Zip Cod	e	
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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												
		! FEE IS \$150.00 3 Fee will be \$550.00		<u></u>			ion Campaign Fi			<b>0</b> May Be	1	
1		Florida Department of	! State				Trusi	Fund Contribution	on. L	Added	to Fees	
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/C	HANGES TO OFF	FICERS AND	DIBECTOR	S IN 11	7
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

ME OF SIGNING OFFICER OF DIRECTOR

310-767-1111

Daytime Phone #