

83
**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended UBR.

FILED

DOCUMENT # F02000006295

1. Entity Name

Center for Mathematic Investigations Corp



03 MAY 29 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13550 North Kendall Dr.

3. Mailing Address

13550 North Kendall Dr.

Suite, Apt. #, etc.

206

Suite, Apt. #, etc.

206

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

Zip

33186

Country

4. FEI Number

47-0873667

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Talieson Advisory, Corp.

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

9655 South Dixie Hwy, Ste 101

City Pinecrest

FL

Zip Code 33156

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

Shlandub Orian

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/19/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME Gladys Canals
STREET ADDRESS 10000 Old Cutler Rd
CITY-ST-ZIP Coral Gables, FL 33156

TITLE
NAME
STREET ADDRESS 100020540201
CITY-ST-ZIP 06/05/03--01016--014 **61.25

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/03 (805) 5053657

Date

Daytime Phone #

CR2E034B (12/02)