

2002 UNIFORM BUSINESS REPORT (UBR)

0005216

DOCUMENT # L01000019254

1. Entity Name

CICA SERVICES, LLC

Principal Place of Business

4897 CYPRESS WOODS DR
#6314
ORLANDO FL 32811

Mailing Address

4897 CYPRESS WOODS DR
#6314
ORLANDO FL 32811

2. Principal Place of Business

3. Mailing Address

910 4901 Vineland Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

270

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32811

Orange

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SENIOR, MIGUEL
4901 VINELAND RD
#270
ORLANDO FL 32811

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. 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

FILE NOW!!! FEE IS \$50.00.
Make Check Payable to Department of State
Due By September 25, 2002

400008289844--2
-10/09/02--01065--010
****150.00 ****150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CONSULTORES EN COMPUTACION E INFORMATICA
CALLE 148 URB CARABOBO EDIF CENTRO
VALENCIA VENEZUELA

☐ Delete

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

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)