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

changed, or on an attachment wij

SIGNATURE

May 05, 2003 8:00 am Secretary of State M39857 DOCUMENT # 05-05-2003 91797 028 ***150.00 1. Entity Name C.I.C. PROJECTS, INC. Principal Place of Business Mailing Address 1545 N.W. 8TH-ST. (99128) PO BOX 350848 MIAMI FL 33125-3606 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Address 614 NW Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 59-2734206 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent URRUTIA, JORGE Street Address (P.O. Box Number is Not Acceptable) -1545 NW 8 ST -·MIAMI-FL-33125 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 regis ered agent. SIGNATURE PILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be fter May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change Change TITLE ☐ Delete TITLE ☐ Addition URRUTIA, JORGE NAME NAME 1545 N.W. 8TH ST. STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change 🕱 Addition TITLE ☐ Delete NAME NAME Vilma Betancourt-0'Day STREET ADDRESS STREET ADDRESS 1780 SW 128 Avenue CITY-ST-ZIP- -CITY-ST-ZIP.... miraman Fi Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 of 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 chapter of the corporation or attachment with an address, with all chapter for the corporation of the corporat

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