

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M57789

1. Entity Name

CIARA INVESTMENTS, INC.

FILED

May 04, 2000 8:00 am  
Secretary of State

05-04-2000 90066 048 \*\*\*158.75

Principal Place of Business

Mailing Address

RUSSO, ALLEN, BAKER & SIVLERMANN, PA  
4675 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33146

RUSSO, ALLEN, BAKER & SIVLERMANN, PA  
4675 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33146-2113

2. Principal Place of Business

825 Brickell Bay Drive

3. Mailing Address

P.O. Box 453200

Suite, Apt. #, etc.

Tower III - Suite 1650

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

65-0033508

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33245

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSSO, EDMUND P., ESQ.  
4675 PONCE DE LEON BLVD., SUITE 301  
CORAL GABLES FL 33146

Name

Gladys Patino

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

825 Brickell Bay Drive

Tower III - Suite 1650

City

Miami

FL

Zip Code  
33131

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

Gladys Patino, Secretary/Director

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME RUSSO, EDMUND P.  
STREET ADDRESS 4675 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL

TITLE PD ☒ Change ☐ Addition  
NAME SISLER, GARY  
STREET ADDRESS 825 Brickell Bay Drive, Tower III - #1650  
CITY-ST-ZIP Miami, Florida 33131

TITLE SD ☒ Delete  
NAME RUSSO, LAURA L.  
STREET ADDRESS 4675 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL

TITLE SD ☒ Change ☐ Addition  
NAME PATINO, GLADYS  
STREET ADDRESS 825 Brickell Bay Dr., Tower III - #1650  
CITY-ST-ZIP Miami, Florida 33131

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

(305)372-0404

Date

Daytime Phone #

CR2F034 (9/95)