

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0039401

05-15-2001 90092 020 ****70.00

DOCUMENT # N96000005800

1. Entity Name

CENTER OF INFORMATION & ORIENTATION, INC.

Principal Place of Business

Mailing Address

8365 NE 2ND AVE
 SUITE 205
 MIAMI FL 33138
 US

8365 NE 2ND AVE
 SUITE 205
 MIAMI FL 33138
 US

R0055180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

181 N.E. 82nd Street

3. Mailing Address

SAME

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

4. FEI Number

65-0708521

Applied For

Not Applicable

Zip

33138

Country

Dade

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANVIL, MICHEL
 8365 NE 2ND AVE
 SUITE 205
 MIAMI FL 33138

181 N.E. 82nd Street
2nd Floor
Miami, FL 33138

7. Name and Address of New Registered Agent

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.

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 \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** Delete
 NAME **SHILLER, JOSEPH**
 STREET ADDRESS **84 NE 150TH STREET**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE **VP** Delete
 NAME **MILSSANT, MENELAS**
 STREET ADDRESS **1687 N.E. 181TH STREET**
 CITY-ST-ZIP **N MIAMI FL 33161**

TITLE **T** Delete
 NAME **HERRERA, ROBERT**
 STREET ADDRESS **6561 GARFIELD STREET**
 CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **S** Delete
 NAME **HYPPOLITE, MARIE L**
 STREET ADDRESS **7930 E DRIVE #420**
 CITY-ST-ZIP **N BAY VILLAGE FL**

TITLE **D** Delete
 NAME **BROWN, SANDRA F**
 STREET ADDRESS **8358 NE 2ND AVENUE**
 CITY-ST-ZIP **N MIAMI FL 33138**

TITLE **D** Delete
 NAME **ROMEL, PIERRE-ANTOINE**
 STREET ADDRESS **7717 HARBOUR BLVD**
 CITY-ST-ZIP **MIRAMAR FL 33023**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** Change Addition
 NAME **VILSAINT, MENELAS**
 STREET ADDRESS **1687 N.E. 181th Street**
 CITY-ST-ZIP **N.Miami FL 33161**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Change Addition
 NAME **DESAMOURS, RACHELLE**
 STREET ADDRESS **1100 N.E. 191 Street, # E23**
 CITY-ST-ZIP **N. Miami Beach, FL 33179**

TITLE **D** Change Addition
 NAME **NOEL, ARSENE**
 STREET ADDRESS **452 N.E. 210 Cir. Terrace, #201-74**
 CITY-ST-ZIP **Miami, FL 33179**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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.

SIGNATURE:

SIGNATURE REQUIRED

[Handwritten Signature]

4/30/01

(305) 759-1155

CR2E037 (10/00)