

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90032 016 ***150.00

DOCUMENT # P00000033644

1. Entity Name
CIAMI CORPORATION

Principal Place of Business
10817 NW 29TH STREET
MIAMI FL 33172

Mailing Address
10817 NW 29TH STREET
MIAMI FL 33172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10817 NW 29th St. Miami, FL 33172
 Suite, Apt. #, etc.

3. Mailing Address

10817 NW 29th St. Miami, FL 33172
 Suite, Apt. #, etc.

City & State
MIAMI FL

Zip
33172

Country
USA

City & State
MIAMI FL

Zip
33172

Country
USA

4. FEI Number
650996188

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DOMINGUEZ, GASTON
10817 NW 29TH STREET
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name
SIMONIDES IGNACIO DOMINGUEZ
 Street Address (P.O. Box Number is Not Acceptable)
10817 NW 29TH STREET
 City **MIAMI** FL Zip Code **33172**

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 **SIMONIDES IGNACIO DOMINGUEZ**
 Signature, typed or printed name of registered agent and title if applicable.

(PRESIDENT)
 (NOTE: Registered Agent signature required when reinstating)

04/30/01
 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, 2001 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

TITLE **PRESIDENT** ☐ Delete
 NAME **SIMONIDES IGNACIO DOMINGUEZ**
 STREET ADDRESS **10817 NW 29th Street**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE **SECRETARY** ☐ Delete
 NAME **GASTON E. DOMINGUEZ**
 STREET ADDRESS **10817 NW 29th Street**
 CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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: **SIMONIDES IGNACIO DOMINGUEZ (P)** **04/30/01** **305-6108106**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)