FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jun 21, 2001 8:00 am **Secretary of State** DOCUMENT # P0000049525 1. Entity Name 05-15-2001 90116 043 ***150.00 CICENTER, INC. Principal Place of Business Mailing Address % CARMEN G. GUEVARA % CARMEN G. GUEVARA 7471 NW 167 TERRACE 7471 NW 167 TERRACE MIAMI FL 33015 MIAMI FL 33015 2. Principal Place of Business 3. Mailing Address 7245 B armen 6. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 651009432 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.* Name and Address of Current Registered Agent GUEVARA: CARMEN G 7471 NW 167 TERRACE MIAMI FL 33015 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 Florid ALEJANDEO DE FRANCISCO (VICEPPESIDENT SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. VICEPLESIDENT **Addition** CR2E034 (10/00) PRESIDENT ☐ Delete TITLE ☐ Change MILE CARMEN G GUEVARA 7245 Bedlington Road Miami FL 33014 ALEJANDRO DE FRANCISCO NAME NAME STREET ADDRESS STREET ADDRESS 7245 Bedlington Roa CITY-ST-ZIP CITY-ST-ZIP Miami ■ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Oalete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition MLE Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ceth; 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 charged, or on an attachment with an address, with all other like empowered. SIGNATURE: CAPUEN & GUEVARE SIGNATURE AND TYPED OR PRINTED HAME OF BIX