

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000064309

1. Entity Name

CIOLA & ASSOCIATES, INC.

FILED

May 10, 2001 8:00 am  
Secretary of State

05-10-2001 90041 017 \*\*\*150.00

Principal Place of Business

6141 S.W. 16TH STREET  
MIAMI FL 33155

Mailing Address

6141 S.W. 16TH STREET  
MIAMI FL 33155

2. Principal Place of Business

1000 PONCE DE LEON BLVD

3. Mailing Address

1000 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE # 121

Suite, Apt. #, etc.

SUITE # 121

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

Zip

33134

Country

USA

Zip

33134

Country

USA

4. FEI Number

65-1033222

Applied For

Not Applicable

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

CIOLA, SANDRA

6141 S.W. 16TH STREET  
MIAMI FL 33155

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

4/22/2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME CIOLA, MAURICIO ☐ Delete  
STREET ADDRESS 6141 S.W. 16TH STREET  
CITY-ST-ZIP MIAMI FL 33155

TITLE CLAUDE M. CIOLA ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME CIOLA, SANDRA ☐ Delete  
STREET ADDRESS 6141 S.W. 16TH STREET  
CITY-ST-ZIP MIAMI FL 33155

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  
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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

SANDRA CIOLA

4/22/2001 305 381-7625

Date

Daytime Phone #

CR2E034 (10/00)