

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90337 028 ***150.00

DOCUMENT # P00000098461

1. Entity Name
CECOM, INC.

Principal Place of Business

**7601 E. TREASURE DRIVE
 SUITE 917
 MIAMI FL 33141**

Mailing Address

**7601 E. TREASURE DRIVE
 SUITE 917
 MIAMI FL 33141**

2. Principal Place of Business

169 E. FLAGLER ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 1534

City & State

MIAMI, FL

City & State

Zip

33131

Country

USA

Country

4. FEI Number

65-1050840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ABRAMSON, EDWARD J
 7270 N.W. 12TH STEET
 SUITE 580
 MIAMI FL 33126**

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

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 **PD** ☐ Delete
 NAME **DACHE, MIGUEL**
 STREET ADDRESS **7601 E. TREASURE DRIVE**
 CITY-ST-ZIP **MIAMI FL 33141**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **DEICH, MIGUEL**
 STREET ADDRESS **1000 QUAYSIDE TER. #310**
 CITY-ST-ZIP **MIAMI, FL 33138**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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 to this address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MIGUEL DEICH

Date

Daytime Phone #

2/1/01 (305) 8952067

CR2E034 (10/00)