

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90029 039 ***150.00

DOCUMENT # P01000024614



1. Entity Name
CECILAR CORP.

Principal Place of Business
**3610 YACHT CLUB DR #701
AVENTURA FL 33180**

Mailing Address
**3610 YACHT CLUB DR #701
AVENTURA FL 33180**



2. Principal Place of Business
151 Crandon Blvd.

3. Mailing Address
151 Crandon Blvd.

Suite, Apt. #, etc.
UNIT # 420

Suite, Apt. #, etc.
UNIT # 420

CHECK HERE IF MAKING CHANGES
FEI # 66-1109771
4. FEI Number **APPLIED FOR**
Applied For
Not Applicable

City & State
Key Biscayne Fl.

City & State
Key Biscayne Fl.

Zip Country
33149 U.S.A.

Zip Country
33149 U.S.A.

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

6. Name and Address of Current Registered Agent
**LARRARTE, CECILIA
3610 YACHT CLUB DR #701
AVENTURA FL 33180**

7. Name and Address of New Registered Agent
Name **LARRARTE, Cecilia**
Street Address (P.O. Box Number is Not Acceptable)
151 Crandon Blvd. unit #420
City **Key Biscayne FL** Zip Code **33149**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	LARRARTE, CECILIA
STREET ADDRESS	3610 YACHT CLUB DR #701
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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: **Cecilia Larrarte**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01/30/03** Daytime Phone # **305 331 1666**

CR2E034 (10/02)