2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
04-29-2002 90126 022 ***150.00

DOCUMENT # P01000042193.

1. Entity Name
C.I. PIKE & REPIKE, CORPORATION,

Principal Place of Business	Mailing Address
13104 N.W. 13TH STREET PEMBROKE PINES FL 33028	13104 N.W. 13TH STREET PEMBROKE PINES FL 33028

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13267 S.W. 135 AVE.	13267 S.W. 135 AVE.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33186 Country	Zip: 33186 Country

4. FEI Number: 65-1135214 ☐ 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
Name: ESCOBAR, BEATRIZ
Street Address (P.O. Box Number is Not Acceptable): 13267 S.W. 135 AVE
City: MIAMI FL Zip Code: 33186

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 X ____________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be $550.00

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: D NAME: ESCOBAR, BEATRIZ STREET ADDRESS CITY-ST-ZIP	☒ Delete	☒ Change ☐ Addition TITLE: PRESIDENT, DIRECTOR NAME: ESCOBAR, BEATRIZ STREET ADDRESS: 13267 S.W. 135 AVE CITY-ST-ZIP: MIAMI FL 33186
TITLE: D NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP

CR2E034 (9/01)

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: x Beatriz Escobar x 4/9/02 x President (786) 293 8750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #