

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90457 006 ***150.00

0315723 AV

DOCUMENT # P01000042193

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



Principal Place of Business **Mailing Address**
~~13267 SW 135 AVE~~ **4420 NW 74 AVE** ~~13267 SW 135 AVE~~ **4420 NW 74 AVE**
~~MIAMI FL 33186~~ **MIAMI, FL 33166** ~~MIAMI FL 33186~~ **MIAMI, FL 33166**



2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

☐ CHECK HERE IF MAKING CHANGES

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**
ESCOBAR, BEATRIZ I **Name**
13267 SW 135 AVE **4420 NW 74 AVE** **Street Address (P.O. Box Number is Not Acceptable)**
MIAMI FL 33186 **MIAMI, FL 33166**
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. 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 **9. Election Campaign Financing** **\$5.00 May Be**
After May 1, 2003 Fee will be \$550.00 **Trust Fund Contribution.** ☐ **Added to Fees**
Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|--------------------|---------------------------------|-----------------|---|--|---------------------------------|-----------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ESCOBAR, BEATRIZ I | | | NAME | | | |
| STREET ADDRESS | 13267 SW 135 AVE | | 4420 NW 74 AVE | STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33186 | | MIAMI, FL 33166 | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
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| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: Beatriz Escobar **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)