

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000042193

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



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 16 AM 11:08

Principal Place of Business  
13267 SW 135 AVE - 4420 NW 74 AVE  
MIAMI FL 33186 MIAMI FL 33166

Mailing Address  
13267 SW 135 AVE 4420 NW 74 AVE  
MIAMI FL 33186 MIAMI FL 33166

10/10/03 01084 002 165.00



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1135214

Applied For  
Not Applicable

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

REINSTATEMENT

03

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESCOBAR, BEATRIZ I

13267 SW 135 AVE 4420 NW 74 AVE  
MIAMI FL 33186 MIAMI FL 33166

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME ESCOBAR, BEATRIZ I  
STREET ADDRESS 13267 SW 135 AVE 4420 NW 74 AVE  
CITY-ST-ZIP MIAMI FL 33186 MIAMI FL 33166

TITLE  
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CITY-ST-ZIP

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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:

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E034 (10/02)



**FRUTAS EXOTICAS**

C.I. PIKE & REPIKE CORP.  
4420NW 74<sup>th</sup> AVE  
MIAMI, FL. 33166  
786-326-2315

SUBJECT: C.I. PIKE & REPIKE, CORPORATION  
Debit Memo # 35022-X  
Document # P01000042193

To Whom It May Concern:

As per our conversation with Mrs. Pat Bailey, I explained to her "I did not receive the notice that

Advised me of a returned check and your intent to dissolve in 60 days.

Therefore I am requesting a waiver of the reinstatement fee and penalty"

We are sending a Money Order for the amount of \$ 165.00.

We apologized for the inconvenience and we appreciate your prompt attention to this matter.

Sincerely

*Beatriz Escobar*  
Beatriz Escobar

**P01000042193**

**October 10, 2003**

**2003 REPLACEMENT FEE**

**ANNUAL REPORT: C.I. PIKE &  
REPIKE CORP**

500023714465  
10/10/03--01084--002 \*\*165.00

**DEBIT MEMO: 35022-X**

**CHECK# 1009**