

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90243 047 \*\*\*150.00

DOCUMENT # P01000062866

1. Entity Name  
CISMAL INVESTMENT, CORPORATION



Principal Place of Business  
6621 NW 84TH AVE  
MIAMI FL 33166

Mailing Address  
6621 NW 84TH AVE  
MIAMI FL 33166

2. Principal Place of Business

7854 NW 46 St  
Suite, Apt. #, etc.

3. Mailing Address

7854 NW 46 St.,  
Suite, Apt. #, etc.

City & State  
MIAMI FL

Zip  
33166

City & State  
MIAMI FL

Zip  
33166

4. FEI Number 65-1115879

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ERASO, MARIA E  
6621 NW 84TH AVE  
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name  
ERASO, MARIA E  
Street Address (P.O. Box Number is Not Acceptable)

5651 NW 105 Ct.,  
City MIAMI, FL 33178 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 *Maria Elena Eraso*

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/03

**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 ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ERASO, MARIA E	
STREET ADDRESS	6621 NW 84TH AVE	
CITY-ST-ZIP	MIAMI FL 33166	
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	D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERASO, MARIA E	
STREET ADDRESS	5651 NW 105 Ct	
CITY-ST-ZIP	MIAMI FL 33166	
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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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: *Maria Elena Eraso* MARIA ELENA ERASO 3/12/03 305-592-4534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)