

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90245 014 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **PD1000067150** ✓
1. Entity Name
CIAU S.A., Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 848 Brickell Avenue		3. Mailing Address 848 Brickell Avenue	
Suite, Apt. #, etc. Suite 605		Suite, Apt. #, etc. Suite 605	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33131	Country USA	Zip 33131	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
APPLIED FOR ☒ Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Neuza M. Cesar
Street Address (P.O. Box Number is Not Acceptable)
848 Brickell Avenue, Suite 605
City **Miami** FL Zip Code **33131**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE PD	John E. Garcia Hernandez
NAME	848 Brickell Ave., Suite 605
STREET ADDRESS	Miami, FL 33131
CITY - ST - ZIP	

TITLE VD	Audra A. Morales Rios
NAME	848 Brickell Ave., Suite 605
STREET ADDRESS	Miami, FL 33131
CITY - ST - ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

CR2E034B (12/01)