2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am Secretary of State P01000086632 DOCUMENT # 1. Entity Name C.I. OF MIAMI, INC. 03-26-2002 90060 012 ***150.00 Principal Place of Business Mailing Address 525 NW 27TH AVENUE STE 208 525 NW 27TH AVENUE STE 208 MIAMI FL 33125 MIAMI FL 33125 2. Principal Place of Business 69 NW 27TH AVE 3. Mailing Address P O Box 451805 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number MIAMI, FLOREDA. Not Applicable MIAMI. <u>65-1135180</u> Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33245 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VILLALON, CARY Street Address (P.O. Box Number is Not Acceptable) 15953 SW 97TH TERR **MIAMI FL 33196** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition VILLALON, CARY NAME NAME STREET ADDRESS 15953 SW 97TH TERR STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CARY VILLALON

03-14-02

(305)644-5740