# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 02, 2003 8:00 am**
**Secretary of State**
06-02-2003 90191 035 ***150.00

DOCUMENT # P02000025519

1. Entity Name
CIAN Enterprizes Inc,

DO NOT WRITE IN THIS SPACE

J01384466

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 29 Porta Vista Circle | 29 Porta Vista Circle |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Palm Beach Gardens FL | City & State: Palm Beach Gardens FL |
| Zip: 33418 Country: USA | Zip: 33418 Country: USA |

4. FEI Number: 68-0492430 ☐ 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: MARK DELEO

Street Address (P.O. Box Number is Not Acceptable):
29 Porta Vista Circle

City: Palm Beach Gardens FL Zip Code: 33418

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: _____ DATE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $350.00
Amended UBR is $61.25
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

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President CEO<br>Cindy Lieber |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President<br>MARK DELEO |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Sect.<br>Brandon Morris |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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 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 (12/02)

attachment

90138466
# P0200002559

5-27-03

To whom it may concern:

We did not receive the UBR form in the mail. Could you please make sure we are on the mailing list.

Thanks
Mark DeLeo