

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90245 009 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000120875		
1. Entity Name C I INTERNATIONAL GROUP, INC.		
Principal Place of Business 12571 SW 38TH TERRACE MIAMI, FL 33175		Mailing Address 12571 SW 38TH TERRACE MIAMI, FL 33175
2. Principal Place of Business 12571 SW 38 TERRACE		3. Mailing Address 12571 SW 38 TERRACE
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State MIAMI, FL		City & State MIAMI, FL
Zip 33175	Country USA	Zip 33175 Country USA
4. FEI Number 03-0511716		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NUNEZ, ALEJANDRO ESQ. 250 GIRALDA AVENUE 2ND FLOOR CORAL GABLES, FL 33134		
7. Name and Address of New Registered Agent Name Jose M. Suris Street Address (P.O. Box Number is Not Acceptable) 12571 SW 38th TR City MIAMI FL Zip Code 33175		
8. The above named agent 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 Jose M. Suris PD DATE 4/28/03 (NOTE: Registered Agent Signature required when terminating)		
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	PD SURIS, JOSE M 12571 SW 38TH TERRACE MIAMI, FL 33175 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SURIS, TAMIRA 12571 SW 38TH TERRACE MIAMI, FL 33175 ☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information submitted 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 partner 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, without other like empowered.		
SIGNATURE: Jose M. Suris PD DATE 4/28/03 DAYTIME PHONE 305-5527408 SIGNATURE AND TYPE REQUIRED NAMED NAME OF SIGNING OFFICER OR DIRECTOR		

90123692



☐ CHECK HERE IF MAKING CHANGES

CP20034 (10/02)