

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34842

1. Entity Name

CIL CORPORATION AMERICA

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90034 044 \*\*\*150.00

624357



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
101 SW 15 RD  
MIAMI FL 33129  
US

Mailing Address  
101 SW 15 RD  
MIAMI FL 33129-1120  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1172122

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROIG, ANDRES  
101 SW 15 RD  
MIAMI FL 33129

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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 \_\_\_\_\_ (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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME             | STREET ADDRESS           | CITY-ST-ZIP   | Delete                   |
|-------|------------------|--------------------------|---------------|--------------------------|
| PD    | REIRIS, MIGUEL A | MARQUES DE MONTEAGUDO 18 | MADRID, SPAIN | <input type="checkbox"/> |
| VTD   | ROIG, ANDRES     | 101 SW 15 RD             | MIAMI FL      | <input type="checkbox"/> |
| SD    | MALLO, FEDERICO  | 101 SW 15 RD             | MIAMI FL      | <input type="checkbox"/> |
|       |                  |                          |               | <input type="checkbox"/> |
|       |                  |                          |               | <input type="checkbox"/> |
|       |                  |                          |               | <input type="checkbox"/> |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change                   | Addition                 |
|-------|------|----------------|-------------|--------------------------|--------------------------|
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |
|       |      |                |             | <input type="checkbox"/> | <input type="checkbox"/> |

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.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00 (305) 571-3446  
Date Daytime Phone #

CR (E034) (9/99)