

20 P. 7101

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 18000022674

1. Entry Name

C.I.A. INVESTMENT CORPORATION

Principal Place of Business

1161 HOLLAND DR.
BOCA RATON, FL 33487
US

Mailing Address

1161 HOLLAND DR.
BOCA RATON, FL 33487
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SUCHER, MICHAEL
1161 HOLLAND DR.
BOCA RATON FL 33487

4. FEI Number

65-0445437

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entry 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 the fee payable.

(NOTE: Registered Agent signature required when reappointing)

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 11, 2000, FEE WILL BE \$350.00
Be Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DPST	☐ Delete
NAME	SUCHER, MICHAEL	
STREET ADDRESS	1161 HOLLAND DRIVE	
CITY-STATE-ZIP	BOCA RATON, FL 33487	
TITLE	DPST	☐ Delete
NAME	SUCHER, BRIAN	
STREET ADDRESS	1161 HOLLAND DRIVE	
CITY-STATE-ZIP	BOCA RATON, FL 33487	
TITLE	DPST	☐ Delete
NAME	SUCHER, DAYLLIS	
STREET ADDRESS	10200 E. BROADVIEW DRIVE	
CITY-STATE-ZIP	DAY HARBOR, FL 33154	
TITLE	DPST	☐ Delete
NAME	SUCHER, ANNA	
STREET ADDRESS	1161 HOLLAND DRIVE	
CITY-STATE-ZIP	BOCA RATON, FL 33487	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/00

Date

561-998-3200

Daytime Phone #

CR2E034 (9/99)

KE

FILED

00 OCT 18 PM 12:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA
18021

07/05/00 9:04 AM \$150.00

DO NOT WRITE IN THIS SPACE

Applied For
Not Applicable