

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000063845

1. Entity Name
CIMA GROUP, INC.

Principal Place of Business
350 NE 75 STREET
MIAMI FL 33138
US

Mailing Address
7541 NE 3RD PLACE
MIAMI FL 33138
US

2. Principal Place of Business
3. Mailing Address
350 N.E. 75TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

4. FEI Number
59-3263745

Applied For
Not Applicable

Zip
33138

Country
USA

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

6. Name and Address of Current Registered Agent

DIAZ-ASPER, JOSE
2462 PINE CHASE CIR.
ST. CLOUD FL 34769

Name

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

City

FL Zip Code

7. Name and Address of New Registered Agent

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)

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, 2002 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

TITLE: DP Delete
NAME: GARCIA, JESUS JR
STREET ADDRESS: 6061 COLLINS AVE. #10A
CITY-ST-ZIP: MIAMI BEACH FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE: S Delete
NAME: GARCIA, LOURDES
STREET ADDRESS: 6061 COLLINS AVE #10-A
CITY-ST-ZIP: MIAMI BEACH FL

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/26/02

(305) 758-4781

Date

Daytime Phone #

CR2E034 (9/01)