

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90092 013 ***150.00

DOCUMENT # P95000015201	
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1. Entity Name C.E.C. DEVELOPERS CORP.	Principal Place of Business 250 CATALONIA AVE #507 CORAL GABLES FL 33134 US	Mailing Address 250 CATALONIA AVE #507 CORAL GABLES FL 33134 US
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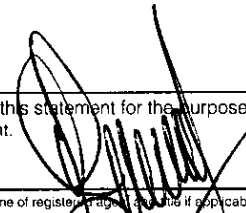


2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

☒ CHECK HERE IF MAKING CHANGES	
4. FEI Number 65-0558142	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
PARLADE, ALBERTO J 7050 SW 86 AVE MIAMI FL 33143

7. Name and Address of New Registered Agent
Name CEBAREO LLANO
Street Address (P.O. Box Number is Not Acceptable) 250 CATALONIA AVE
SUITE 507
City CORAL GABLES FL 33134

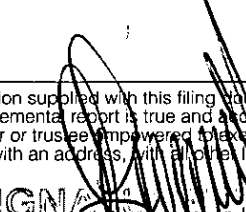
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  PRESIDENT DATE 1/28/03

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LLANO, CESAREO E 7425 LOS PINOS BLVD. CORAL GABLES FL 33143 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LLANO, EDUARDO 7425 LOS PINOS BLVD. CORAL GABLES FL 33143 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LLANO, CESAREO 7425 LOS PINOS BLVD CORAL GABLES FL 33143 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address with a power of attorney.
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SIGNATURE:  PRESIDENT	Date 1/28/03	Daytime Phone # 305-446-1121
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CR2E034 (10/02)