

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000014132**
1. Entity Name
Cira Enterprises Inc. R

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90160 041 ***150.00

A0069210

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1085 E. 24th St.
Hialeah, FL 33013

2. Principal Place of Business 3. Mailing Address
Same **Same**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number **65-0656046** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Olmo, Cira
1000 NW. 40 Ave.
Miami, FL 33126

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 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 _____
Signature, typed or printed name of registered agent and title if applicable

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
TITLE ☐ Delete
NAME **D.P. ST**
STREET ADDRESS **OLMO, CIRA**
CITY-ST-ZIP **1000 NW. 40 AVE**
MIAMI, FL 33126
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
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CITY-ST-ZIP
TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
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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]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7/17/00** Daytime Phone # **305 6918282**

CR2E034 (9/99)

PA6000014132

ADD 9210

DATED:

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATION
ANNUAL REPORTS SECTION.

RE:

TO WHOM IT MAY CONCERN

THE FOLLOWING IS TO INFORM YOU THAT I, *Alra O/MO*
PRESIDENT OF THE ABOVE MENTIONED CORPORATION, WAS UNABLE TO
FILE THE 2000 ANNUAL REPORT FOR MY CORPORATION BEFORE THE DUE
DATE BECAUSE:

*I never received the Annual Report, and
I had not changed my address.*

I ASK YOU TO PLEASE ACCEPT A CHECK OF \$ 150.00 TO
COVER THE INITIAL FILING FEE WITH THE ASSURANCE THAT
THIS WILL NOT HAPPEN AGAIN IN THE FUTURE.

SINCERELY


CORPORATION OFFICER