

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90063 024 ***158.75

DOCUMENT # P97000060136
 1. Entity Name
C.I.C. FINANCE SERVICES CORP.

Principal Place of Business 6812 N.W. 77TH COURT MIAMI FL 33166	Mailing Address 6812 N.W. 77TH COURT MIAMI FL 33166-2713
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2. Principal Place of Business 6950 NW 77TH COURT Suite, Apt. #, etc.	3. Mailing Address 6950 NW 77TH COURT Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State MIAMI, FL
Zip 33166	Zip 33166
Country	Country

4. FEI Number 65-0778137	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LEYVA, GIRALDO
6950 NW 77TH CT
MIAMI FL 33166

7. Name and Address of New Registered Agent

Name GIRALDO LEYVA JR
Street Address (P.O. Box Number is Not Acceptable) 6950 NW 77TH COURT
City MIAMI
State FL
Zip Code 33166

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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME LEYVA, GIRALDO	
STREET ADDRESS 6812 N.W. 77TH COURT	
CITY-ST-ZIP MIAMI FL 33166	
TITLE D	<input type="checkbox"/> Delete
NAME GIRALDO LEYVA JR	
STREET ADDRESS 6950 NW 77TH COURT	
CITY-ST-ZIP MIAMI FL 33166	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GIRALDO LEYVA JR	
STREET ADDRESS 6950 NW 77TH COURT	
CITY-ST-ZIP MIAMI, FL 33166	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GIRALDO LEYVA JR	
STREET ADDRESS 6950 NW 77TH COURT	
CITY-ST-ZIP MIAMI, FL 33166	
TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME AURELIO LEYVA	
STREET ADDRESS 6950 NW 77TH COURT	
CITY-ST-ZIP MIAMI, FL 33166	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____