

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90128 007 ***150.00

721094

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000063213 ✓
1. Entity Name
 CIEDES, CORP.

Principal Place of Business
 1020 94th St. #303
 BAY HARBOR ISLAND
 Florida 33154

Mailing Address
 1020 94th St. #303
 BAY HARBOR IS.
 FL. 33154.

2. Principal Place of Business
 1020 94th Street
 Suite, Apt. #, etc.
 303
 City & State
 BAY HARBOR ISLAND
 Zip
 33154 Country
 MIAMI-DADE

3. Mailing Address
 1020 94th Street
 Suite, Apt. #, etc.
 303
 City & State
 BAY HARBOR IS.
 Zip
 33154 Country
 MIAMI-DADE

4. FEI Number
 65-0771452

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
 MARJORIE FERNANDEZ ANTEGUERA
 1020 94th Street #303
 BAY HARBOR ISLAND.
 FL. 33154

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P.	MARJORIE F. ANTEGUERA	1020 94th St. #303	BAY HARBOR IS. FL. 33154	<input type="checkbox"/>
P.	MABEL FERNANDEZ A.	1020 94th St. #303	BAY HARBOR IS. FL. 33154	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Marjorie **DATE:** 04/21/00 **Daytime Phone #:** 305-866-9448

CR2E034 (9/99)