

# 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** \_\_\_\_\_ (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, 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          | <input type="checkbox"/> Delete |
| NAME           | P. MARJORIE F. ANTEGUERA        |
| STREET ADDRESS | 1020 94th St. #303              |
| CITY-ST-ZIP    | BAY HARBOR IS. FL. 33154        |
| TITLE          | <input type="checkbox"/> Delete |
| NAME           | P. MABEL FERNANDEZ A.           |
| STREET ADDRESS | 1020 94th St. #303              |
| CITY-ST-ZIP    | BAY HARBOR IS. FL. 33154        |
| 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          | <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    |   |
| 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:** Marjorie F. Anteguera **04/21/00** **305-866-9448**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)