

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90016 033 ***150.00

DOCUMENT # P97000063213

1. Entity Name
CIEDES, CORP.

Principal Place of Business
1020 94TH STREET
303
BAY HARBOUR ISLAND FL 33154

Mailing Address
1020 94TH STREET
303
BAY HARBOUR ISLAND FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1020 94th Street
 Suite, Apt. #, etc.
303
 City & State
BAY HARBOR ISLAND

3. Mailing Address
1020 94th Street
 Suite, Apt. #, etc.
303
 City & State
BAY HARBOR ISLAND

Zip
33154 Country
MIAMI-DADE

Zip
33154 Country
MIAMI-DADE

4. FEI Number **65-0771452** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
ANTEQUERA, MARJORIE FERNANDEZ
1020 94TH ST #303
BAY HARBOUR 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, 2002 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 | P | <input type="checkbox"/> Delete |
| NAME | ANTEQUERA, MARJORIE F | |
| STREET ADDRESS | 1020 94TH ST #303 | |
| CITY-ST-ZIP | BAY HARBOUR ISLAND FL 33154 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ANTEQUERA, MABEL F | |
| STREET ADDRESS | 1020 94TH ST #303 | |
| CITY-ST-ZIP | BAY HARBOUR ISLAND 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 Fernandez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 305/866-9448
 Date Daytime Phone #

CR2E034 (9/01)