

**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*

**3. Mailing Address**  
*1020 94th Street*  
 Suite, Apt. #, etc.  
*303*

**City & State**  
*BAY HARBOR ISLAND*  
**Zip**  
*33154* **Country**  
*MIAMI-DADE*

**City & State**  
*BAY HARBOR ISLAND*  
**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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANTEQUERA, MARJORIE F</b> <b>1020 94TH ST #303</b> <b>BAY HARBOUR ISLAND FL 33154</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ANTEQUERA, MABEL F</b> <b>1020 94TH ST #303</b> <b>BAY HARBOUR ISLAND FL 33154</b>	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**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)