

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93647 041 ***150.00

DOCUMENT # P98000057310

1. Entity Name

CICC MANAGEMENT GROUP, INC.

Principal Place of Business

**2911 GRAND AVENUE, #4A
COCONUT GROVE FL 33133**

Mailing Address

**2911 GRAND AVENUE, #4A
COCONUT GROVE FL 33133**

2. Principal Place of Business

8934 SW 129 Terrace

Suite, Apt. #, etc.

3. Mailing Address

PO Box 560386

Suite, Apt. #, etc.

City & State
Miami, FloridaCity & State
Miami, Florida4. FEI Number **65-0849428**

Applied For

Not Applicable

Zip
33176Country
USAZip
33256-0386Country
USA5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KATHE, GUY
2911 GRAND AVE #4A
CONCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name

Guy Kathe

Street Address (P.O. Box Number is Not Acceptable)

8934 SW 129 Terrace

City

Miami**FL**

Zip Code

33176

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-20-029. 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 **D** ☐ Delete
NAME **KATHE, GUY**
STREET ADDRESS **2911 GRAND AVENUE, #4A**
CITY-ST-ZIP **COCONUT GROVE FL 33133**TITLE **D** ☐ Delete
NAME **EAGLETON, JAMES**
STREET ADDRESS **2911 GRAND AVE #4A**
CITY-ST-ZIP **COCONUT GROVE FL 33133**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Guy Kathe**
STREET ADDRESS **8934 SW 129 Terrace**
CITY-ST-ZIP **Miami, Florida 33176**TITLE **VP** ☒ Change ☐ Addition
NAME **James Eagleton**
STREET ADDRESS **8934 SW 129 Terrace**
CITY-ST-ZIP **Miami, Florida 33176**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**James Eagleton**

Date

5-21-02

Daytime Phone #

305 476-1944

CR2E034 (9/01)