

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90007 008 ***550.00

DOCUMENT # **990000074307**

1. Entity Name

CI ACQUISITION CORP.

Principal Place of Business

**4400N POWERLINE RD
 POMPANO BEACH FL 33073**

Mailing Address

**141 NW 20TH ST
 SUITE G129
 BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

4400 N POWERLINE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

POMPANO Bch, FL

4. FEI Number

22 3602 861

Applied For

Not Applicable

Zip

Country

Zip

Country

33073-3005

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMBY, LOUIS L III
 321 ROYAL POINCIANA PLAZA
 PALM BEACH FL 33480**

Name

JUAN F. GARCIA

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

3981 SW 147th AVE

City

MIRAMAR

FL

Zip Code

33027

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

Juan F. Garcia

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

(NOTE: Registered Agent signature required when reinstating)

8/20/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT, CEO, DIRECTOR** ☐ Delete
 NAME **JIMENEZ, CRISTOBAL**
 STREET ADDRESS **4400 N. POWERLINE RD**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

☐ Change ☐ Addition

TITLE **VCE-PRESIDENT, DIRECTOR** ☐ Delete
 NAME **JIMENEZ, BERTA**
 STREET ADDRESS **4400 N. POWERLINE RD**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

☐ Change ☐ Addition

TITLE **TREASURER - CFO** ☐ Delete
 NAME **GARCIA, JUAN F**
 STREET ADDRESS **4400 N. POWERLINE RD.**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

☐ Change ☐ Addition

TITLE **SECRETARY** ☐ Delete
 NAME **GARCIA, BARBARA J**
 STREET ADDRESS **4400 N. POWERLINE RD.**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

Juan F. Garcia **CFO**

8/20/01

CR2E034 (5/01)