FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90031 011 ***150.00

DOCUMENT # P98000091679

851040

1. Entity Name
CECILVIC DEVELOPMENT INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13617 SW 142 TERR
Suite, Apt. #, etc.
City & State: MIA FL.
Zip: 33176 Country: DADE

3. Mailing Address
P.O. Box 161890
Suite, Apt. #, etc.
City & State: MIA FL.
Zip: 33116 Country: DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0887922 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Name: VICTOR SEIJAS JR
Street Address (P.O. Box Number is Not Acceptable): 13617 SW 142 TERR
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (REQUIRED: registered agent signature required if this is checked)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	
NAME	VICTOR SEIJAS JR
STREET ADDRESS	1225 SW 87 AVE
CITY-ST-ZIP	MIAMI, FL. 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E046 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-30-02 305-378-023
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #