2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90148 002 ***150.00

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DOCUMENT # P99000042098

Entity Name

CIMA TECHNOLOGY GROUP INC.

B0062999

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~2400 NW 36 STREET~~ FL 33166	1408 NW 82 AVE C-543 MIAMI FL 33126-1508

2. Principal Place of Business	3. Mailing Address
2400 W. 84 St.	
Suite, Apt. #, etc. 4	Suite, Apt. #, etc.
City & State Hialeah, FL	City & State
Zip 33016 Country U.S.A.	Zip Country

4. FEI Number 65-0966275 ☐ Applied For ☐ Not Applicable

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
BOCCALON, VICTOR M 7370 NW 36 STREET MIAMI FL 33166	Name: LLARIZA H De BOCCALON Street Address (P.O. Box Number is Not Acceptable): 1408, NW 82 Ave C-543 City: Miami FL Zip Code: 33126

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] 2/1/2000
Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete BOCCALON, VICTOR M CALLE ARISMENDI, RES. LA LAGUNA #3 LECHERIA.PTO.LA CRUZ, VENZ.	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete LLARIZA H. De BOCCALON CALLE ARISMENDI, RES. LA LAGUNA #3 Lecheria PTO. LA CRUZ, VENEZUELA	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete MIGUEL ANGEL BOCCALON CALLE ARISMENDI, RES LA LAGUNA #3 Lecheria, Pto La Cruz, Venezuela	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☐ Delete Johanna BOCCALON Calle ARISMENDI, Res La Laguna #3 Lecheria, Pto La Cruz, Venezuela	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition (SEE ATTACHED Police Report) NOTE: ORIGINAL LOST

CR2E034 (9/99)

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] 2/1/2000 (305) 825-3924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #