FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

Apr 17, 2002 8:00 am Secretary of State DOCUMENT # P99000055543 1. Entity Name 04-17-2002 90064 032 ***150.00 C & E MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 133 LENAPE DR. P.O. BOX 52-6248 MIAMI SPRINGS FL 33166 MIAMI FL 33152 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0928203 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ECHEVARRIA, VICKY Street Address (P.O. Box Number is Not Acceptable) 133 LENAPE DR. MIAMI SPRINGS FL 33166 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE EILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible =10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE ☐ Addition ☐ Delete NAME NAME ECHEVARRIA, MARIA M STREET ADDRESS STREET ADDRESS 434 S.W. 66TH AVENUE CITY-ST-ZIP CITY-ST-ZIP **MIAM! FL 33144** Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME ECHEVARRIA, VICKY STREET ADDRESS STREET ADDRESS 133 LENAPE DR. CITY-ST-ZIE CITY-ST-ZIP MIAMI SPRINGS FL 33166 ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP. ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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