

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000101586

1. Entity Name

CESHI CORP.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90043 038 ***150.00

Principal Place of Business

Mailing Address

19901 E. COUNTRY CLUB DR., #205
 AVENTURA FL 33180

19901 E. COUNTRY CLUB DR., #205
 AVENTURA FL 33180-3079

2. Principal Place of Business

21008 NE 34 CT

3. Mailing Address

21008 NE 34 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA - FL

City & State

AVENTURA - FL

4. FEI Number

05-0969138

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐ -

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEKOA, SHIMON
 19901 E. COUNTRY CLUB DR., #205
 AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

TEKOA SHIMON

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

21008 NE 34 CT

City

AVENTURA

FL

Zip Code

33180

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

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

TITLE **P** ☐ Delete
 NAME **TEKOA, SHIMON**
 STREET ADDRESS **19901 E. COUNTRY CLUB DR., #205**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE **VP** ☐ Delete
 NAME **AREVALO, CECILIA**
 STREET ADDRESS **19901 E. COUNTRY CLUB DR., #205**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
 NAME **TEKOA SHIMON**
 STREET ADDRESS **21008 NE 34 CT**
 CITY-ST-ZIP **AVENTURA - FL - 33180**

TITLE **V.P.** ☒ Change ☐ Addition
 NAME **AREVALO CECILIA**
 STREET ADDRESS **21008 NE 34 CT**
 CITY-ST-ZIP **AVENTURA - FL - 33180**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (9/99)