2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

FILED DOCUMENT # **P99000110239** May 17, 2000 8:00 am 1. Entity Name Secretary of State CIDECA CORPORATION 05-17-2000 90944 022 ***158.75 Principal Place of Business Mailing Address 8283 N.W. 64TH ST #2 8283 N.W. 64TH ST #2 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address DREAN Drive DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number iomi Beach Not Applicable \$8.75 Additional 5. Certificate of Status Desired DA DE Fee Required 3166 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name DIAZ, FRANCESCO C Street Address (P.O. Box Number is Not Acceptable) 8283 N.W. 64TH ST #2 MIAMI FL 33166 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Change ☐ Addition ☐ Delete TITLE CIANCI DIAZ, FRANCESCO NAMÉ STREET ADDRESS 8283 N.W. 64TH ST #2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** Change ☐ Addition ☐ Defete TITLE NAME DE CASTRO, ENRIQUE U NAME STREET ADDRESS STREET ADDRESS 8283 N.W. 64TH ST #2 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33166** Change ☐ Addition TITLE ☐ Delete TITLE NAME CANTILLA, LINA M NAME STREET ADDRESS STREET ADDRESS 8283 N.W. 64TH ST #2 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33166 Change ☐ Addition TITLE ☐ Delete TITLE LONDONO, MIGUEL NAME NAME STREET ADDRESS 8283 N.W. 64TH ST #2 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33166** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 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.