

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90364 033 ***158.75

DOCUMENT # P99000110239

1. Entity Name

CIDECA CORPORATION
 DBA/ LINA CONTILLO

Principal Place of Business

Mailing Address

8283 NW 64 Street #2
 Miami FL 33146

Lina

2. Principal Place of Business

760 Ocean Drive

3. Mailing Address

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

4. FEI Number

65-1019899

Applied For

Not Applicable

Zip

33139

Country

Miami-DADE

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

-6. Name and Address of Current Registered Agent

Francesco Cianci DIAZ
 760 Ocean Dr #3
 Miami Beach FL 33139

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

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	President Francesco Cianci D 760 Ocean Dr #3 Miami Beach FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. President Enrique USTA DE CASTRO 8283 NW 64 Street #2 Miami FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Lina Maria Contillo 8283 NW 64 Street #2 Miami FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Aliguel Londono 8283 NW 64 Street #2 Miami FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Francesco Cianci

04/30/01

35-6980204

CR2034 (11/00)