

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000111482

1. Entity Name

CIPRECO, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90072 025 ***150.00

Principal Place of Business

Mailing Address

2431 S.W. 24TH STREET
MIAMI FL 33145

2431 S.W. 24TH STREET
MIAMI FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3401 FRANKLIN AVENUE

3401 FRANKLIN AVENUE

City & State

City & State

MIAMI FL

MIAMI FL

Zip

Country

Zip

Country

33133

USA

33133

USA

4. FEI Number

65-0972717

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

RAMON, MARIA B

2431 S.W. 24TH STREET
MIAMI FL 33145

Name

RAMON, MARIA B.

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

3401 FRANKLIN AVENUE

City

MIAMI

FL

Zip Code

33133

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RAMON, MARIA B	
STREET ADDRESS	2431 S.W. 24TH STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input type="checkbox"/> Delete
NAME	CABRERA, ALBERTO J	
STREET ADDRESS	2431 S.W. 24TH STREET	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMON, MARIA B.	
STREET ADDRESS	3401 FRANKLIN AVENUE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, ALBERTO J.	
STREET ADDRESS	3401 FRANKLIN AVENUE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Maria B. Ramon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00
Date

(305) 285-9000
Daytime Phone #

CR2E034 (9/99)