<u>GIMA</u>

CIMA CONSULTING GROUP (35)

798000000226



197-226

400002377714--3 -12/19/97--01056--001 *****87.50 *****87.50

789/740/1161/67/ Consulting, group



Name
Availability NA NA
Document
Examiner NJC
Updater NJC
Updater NJC
Updater NJC
Acknowledgement NJC
P. Verifyer NJC



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 30, 1997

ALFREDO GONZALEZ, JR. 9060 SW 157 PLACE MIAMI, FL 33196-1170

SUBJECT: CIMA CONSULTING GROUP

Ref. Number: W97000028860

We have received your document for CIMA CONSULTING GROUP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 ofPart III of the application: CONSULTING, GROUP

Section 495.031(4), F.S., requires the application for registration to be accompanied by three specimens or facsimiles. Although the specimen(s) you submitted with your application are acceptable, you neglected to send three. Please submit the additional specimens or facsimiles as required by law.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6918.

Letter Number: 397A00060813

Nanette Causseaux Corporate Specialist Supervisor

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PURSUANT TO CHAPTER 495. FLORIDA STATUTES

FURSUANT TO CHAPTER 495, FLORIDA STATUTES	
TO: Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	
Name & address to whom acknowledgment should be sent:	
Altredo Gonzalez de.	
9060 SW 157 PL	
MIAMI FC 33196-1170	_
(954) 769-7595 Daytime Telephone number	
PART I	
1. (a) Applicant's name: CIMA CONSULTING GROUP, INC.	
(b) Applicant's business address: 1825 Ponce be Lean Blud, Suite 267	
Coral Gables, FL 33134 City/State/Zip	
(c) Applicant's telephone number: (305) 752-2462	
☐ Individual ☐ Corporation ☐ Joint Venture ☐ Other:	
☐ General Partnership ☐ Limited Partnership ☐ Union	
TC address described to the Start Start	
(1) Florida registration number: P97-34025 (2) Domicile State: Florida (3) Federal Employer Identification Number: 65-0744-607	
 (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.) 	
BUSINESS CONSULTING SERVICES	÷
(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)	
(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochure etc.)	s,
BUSINESS CARDS, CETTERHEAD, ADVERTISEMENTS WER PAGE,	
COMMUNICATIONS .	
(Continued)	

CR2E014(4/96)

d) The class(es) in which goods or services fall:
CLASS 35
PART II 1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):
(a) Date first used anywhere: $\frac{H/I/97}{}$ (b) Date first used in Florida: $\frac{7/I/97}{}$
PART III 1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)
CIMA CONSULTING GROUP - CORPORATE LOGO . Lids
DARK BLUE TRIANGLE WITH CARGE BLOCK CETTERS, IN
RED WITH WHITE OUTCINE (SIMA), SEE ATTACHED
MATERIALS
2. DISCLAIMER (if applicable)
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " CONSOLT IN G
" APART FROM THE MARK AS SHOWN.
pplicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a elated company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be ikely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant's behalf. I wither acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct
Typed or printed name of applicant
Allela Landin JR PRESIDENT PER &
Applicant's signature or authorized person's signature
STATE OF (List name and title)
COUNTY OF bade
On this 16th day of December, 1997, Alfredo Gonzale Frepersonal appeared before me,
who is personally known to me whose identity I proved on the basis of
Willi Degroso
Alfredo Gonzalez, Jr. agonzalez@cimaconsulting.com
Notary's Printed Name Commission Expires:
CIMA CONSULTING GROUP \$87.50 per class CIMA CONSULTING GROUP \$87.50 per class
1825 Ponce De Leon Blvd. A Suite 267 A Coral Gables El 33134

Tel: 305-752-2462 A Fax: 305-661-8009