

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90004 043 ***150.00

DOCUMENT # P00000039238

1. Entity Name:
COUSINS INVESTMENT INC.

Principal Place of Business 33201 S W 210 AVE FLORIDA CITY FL 33034	Mailing Address 33201 S W 210 AVE FLORIDA CITY FL 33034
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-1034697		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CRESPO, MERCEDES B 33201 S W 210 AVE FLORIDA CITY FL 33034				Name Vanessa Crespo			
				Street Address (P.O. Box Number is Not Acceptable) 33201 SW 210 Ave.			
				City Fla City		State 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: *Vanessa Crespo* (NOTE: Registered Agent signature required) DATE: 2/1/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRESPO, MERCEDES B 33201 S W 210 AVE FLORIDA CITY FL 33034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			President Vanessa M. Crespo. 33201 SW 210 Ave. Fla City Fla. 33034
			Treasurer MERCEDES Crespo 33201 SW 210 Ave Fla City Fla. 33034

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: *Vanessa Crespo* DATE: 01-28-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AV

CR2E034 (9/01)