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FILED
May 29, 2002 8:00 am
Secretary of State

04-02-2002 90973 039 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000066041

1. Entity Name

C & S WORLD CORPORATION

Principal Place of Business
 2333 Brickell Ave
 Apt. 1007
 Miami, FL 33129

Mailing Address
 2333 Brickell Ave.
 Apt. 1007
 Miami, FL 33129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 3015 North Ocean Blvd.
 Suite 117 C

3. Mailing Address
 3015 North Ocean Blvd.
 Suite 117 C

City & State
 Ft. Lauderdale, FL

City & State
 Ft. Lauderdale, FL

4. FEI Number
 65-1122801

Applied For
 Not Applicable

Zip
 33308

Country
 USA

Zip
 33308

Country
 USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PEREZ, LINA M
 2333 Brickell Ave Apt 1007
 Miami, FL 33129

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

TITLE
 NAME P
 STREET ADDRESS Perez, Lina M
 CITY-ST-ZIP 2333 Brickell Ave Apt 1007
 Miami, FL 33129 ☐ Delete

TITLE
 NAME S
 STREET ADDRESS Arteaga, Victoria
 CITY-ST-ZIP 2333 Brickell Ave Apt. 1007
 Miami, FL 33129 ☐ Delete

TITLE
 NAME T
 STREET ADDRESS Arteaga, Soraya
 CITY-ST-ZIP 2333 Brickell Ave Apt. 1007
 Miami, FL 33129 ☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME ☐ Change ☐ Addition

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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: Lina M. Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/20/2002

Date

(305) 253-6095

Daytime Phone #