

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000015529

1. Entity Name

CENERGY MANAGEMENT OPTIONS CORP.

FILED
Jul 14, 2000 8:00 am
Secretary of State

07-14-2000 90003 045 ***550.00

Principal Place of Business

C/O CARLOS MEDINA
 1588 ZENITH WAY
 WESTON FL 33327

Mailing Address

C/O CARLOS MEDINA
 1588 ZENITH WAY
 WESTON FL 33327

2. Principal Place of Business

WESTON, FLORIDA

3. Mailing Address

1588 ZENITH WAY

Suite, Apt. #, etc.

1588 ZENITH WAY

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-0654123

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, CARLOS R
 5100 TOWN CENTER CIRCLE #450
 BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name CARLOS R. MEDINA

Street Address (P.O. Box Number is Not Acceptable)
 1588 ZENITH WAY

City WESTON FL Zip Code 33327

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

Carlos Medina PRESIDENT

7/1/00

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | MEDINA, MAGALI R | |
| STREET ADDRESS | 6783 VIA REGINA | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | MEDINA, ANNA G | |
| STREET ADDRESS | 6783 VIA REGINA | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | MEDINA, CARLOS F | |
| STREET ADDRESS | 6783 VIA REGINA | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | MEDINA, GUSTAVO | |
| STREET ADDRESS | 581 SE 13TH ST, APT 203 | |
| CITY-ST-ZIP | DANIA FL 33004 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARLOS R MEDINA | |
| STREET ADDRESS | 1588 ZENITH WAY | |
| CITY-ST-ZIP | WESTON, FL 33327 | |
| TITLE | Y | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAGALI R MEDINA | |
| STREET ADDRESS | 1588 ZENITH WAY | |
| CITY-ST-ZIP | WESTON, FL 33327 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANNA G MEDINA | |
| STREET ADDRESS | 1588 ZENITH WAY | |
| CITY-ST-ZIP | WESTON, FL 33327 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARLOS F MEDINA | |
| STREET ADDRESS | 1588 ZENITH WAY | |
| CITY-ST-ZIP | WESTON, FL 33327 | |
| 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:

CARLOS R MEDINA 7/1/00 (954) 389 2442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 15/00



DO NOT WRITE IN THIS SPACE