

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90060 043 \*\*\*150.00

**DOCUMENT # P96000015529**

1. Entity Name  
**CENERGY MANAGEMENT OPTIONS CORP.**

Principal Place of Business <b>C/O CARLOS MEDINA          1588 ZENITH WAY          WESTON FL 33327</b>	Mailing Address <b>C/O CARLOS MEDINA          1588 ZENITH WAY          WESTON FL 33327</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0654123</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent <b>MEDINA, CARLOS R          1588 ZENITH WAY          WESTON FL 33327</b>			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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MEDINA, MAGALI R</b> <b>6783 VIA REGINA</b> <b>BOCA RATON FL 33433</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1588 ZENITH WAY</b> <b>WESTON, FL 33327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>MEDINA, ANNA G</b> <b>6783 VIA REGINA</b> <b>BOCA RATON FL 33433</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1588 ZENITH WAY</b> <b>WESTON, FL 33327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MEDINA, CARLOS F</b> <b>6783 VIA REGINA</b> <b>BOCA RATON FL 33433</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1588 ZENITH WAY</b> <b>WESTON, FL 33327</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MEDINA, GUSTAVO</b> <b>581 SE 13TH ST, APT 203</b> <b>DANIA FL 33004</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3992 TORRENOLOWS AV</b> <b>MIAMI, FL 33178</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Magali R Medina* **MAGALI R. MEDINA** 4/23/01 (504) 3892442  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)