

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90020 022 ***150.00

DOCUMENT # P96000047494

1. Entity Name

CIPS INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

16751 NE 9TH AVENUE, SUITE 503
 N. MIAMI BEACH FL 33162

16751 NE 9TH AVENUE, SUITE 503
 N. MIAMI BEACH FL 33028-2402

2. Principal Place of Business

15812 NW 21 STREET

Suite, Apt. #, etc.

3. Mailing Address

15812 NW 21 STREET

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-0676211

Applied For
 Not Applicable

Zip
33028

Country
BROWARD

Zip
33028

Country
BROWARD

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARDALES, ALDO G
 16751 NE 9TH AVENUE, SUITE 503
 N. MIAMI BEACH FL 33162

Name **BARDALES, ALDO G**
 Street Address (P.O. Box Number is Not Acceptable)
15812 NW 21 STREET

City **PEMBROKE PINES** FL Zip Code **33028**

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.

ALDO BARDALES

(NOTE: Registered Agent signature required when reinstating)

01/19/00
 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 \$150.00
After MAY 1, 2000 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	BARDALES, ALDO G	16751 NE 9TH AVENUE, SUITE 503	N. MIAMI BEACH FL 33162	<input type="checkbox"/>
D	BURGOS, LAURA R	16751 NE 9TH AVENUE, SUITE 503	N. MIAMI BEACH FL 33162	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	BARDALES, ALDO G	15812 NW 21 STREET	PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	BURGOS, LAURA R	15812 NW 21 STREET	PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

ALDO BARDALES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/19/00
 Date

954-437-0193
 Daytime Phone #