

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 10, 2001 08:00 AM
Secretary of State

DOCUMENT # P96000047494

1. Entity Name
CIPS INTERNATIONAL, INC.

Principal Place of Business
 15812 NW 21 STREET
 HOLLYWOOD FL 33028

Mailing Address
 15812 NW 21 STREET
 HOLLYWOOD FL 33028

2. Principal Place of Business
 15812 NW 21 STREET

3. Mailing Address
 15812 NW 21 STREET

Suite, Apt. #, etc.

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 Country
 33028

Zip Country
 33028

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
 15812 NW 21 STREET
 HOLLYWOOD FL 33028
 US

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 _____ **04/10/2001**
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 \$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 D Delete
 NAME **BURGOS LAURA R**
 STREET ADDRESS **15812 NW 21 STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33028**

TITLE D Change Addition
 NAME **BURGOS LAURA R**
 STREET ADDRESS **15812 NW 21 STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE D Delete
 NAME **BARDALES ALDO G**
 STREET ADDRESS **15812 NW 21 STREET**
 CITY-ST-ZIP **HOLLYWOOD FL 33028**

TITLE D Change Addition
 NAME **BARDALES ALDO G**
 STREET ADDRESS **15812 NW 21 STREET**
 CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
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 CITY-ST-ZIP

TITLE Change 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: Aldo G Bardales Pres **04/10/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)