

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
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2. Principal Place of Business 15812 NW 21 STREET	3. Mailing Address 15812 NW 21 STREET
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State PEMBROKE PINES FL	City & State PEMBROKE PINES FL
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Zip 33028	Country	Zip 33028	Country
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4. FEI Number 65-0676211	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BARDALES ALDO G
 15812 NW 21 STREET

 HOLLYWOOD FL
 33028 US

7. Name and Address of New Registered Agent

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 _____ DATE **04/10/2001**
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. (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGOS LAURA R <input type="checkbox"/> Delete 15812 NW 21 STREET HOLLYWOOD FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARDALES ALDO G <input type="checkbox"/> Delete 15812 NW 21 STREET HOLLYWOOD FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGOS LAURA R <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15812 NW 21 STREET PEMBROKE PINES FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARDALES ALDO G <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15812 NW 21 STREET PEMBROKE PINES FL 33028
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Aldo G Bardales Pres Date **04/10/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)