

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90075 027 \*\*\*150.00

**DOCUMENT # P99000047773**

1. Entity Name  
**CONTROL AND COMMUNICATIONS SYSTEMS  
 INTEGRATORS-CCSI CORP.**

Principal Place of Business  
**6955 NW.52nd ST.  
 SUITE 205  
 MIAMI, FL.33166**

Mailing Address  
**Same as Place of Bus.**

2. Principal Place of Business  
**6955 NW.52nd.ST.**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**Suite 205**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL.**

City & State

4. FEI Number  
**65-0922748**

Applied For  
 Not Applicable

Zip  
**33166**

Country  
**DADE**

Zip  
 Country

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

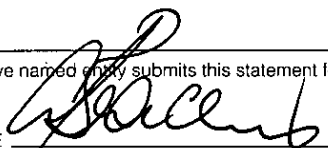
**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CARL V. BRADLEY**  
**6955 NW.52Nd.ST. Suite 205**  
**MIAMI, FL. 33166**

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  **May 10/2000**  
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, 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  Delete  
**Pres.**  
 NAME **Carlos E. Martinez**  
 STREET ADDRESS **6955 NW.52Nd.ST.Ste.205**  
 CITY-ST-ZIP **Miami,FL.33166**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**Vice-Pres.**  
 NAME **Maria A. Sanchez**  
 STREET ADDRESS **Same Address as Pres.**  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**Treasurer**  
 NAME **Cecilia Sanchez**  
 STREET ADDRESS **Same Address as Above**  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**Secretary**  
 NAME **Carl V. Bradley**  
 STREET ADDRESS **Same Address as Above**  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**Directors**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 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:  **May 10/2000 (305)4779220**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00101145

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)