

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F80580

1. Entity Name

C.S.I. FINANCIAL, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90156 013 ***150.00

Principal Place of Business

Mailing Address

~~1 GROVE ISLE DR., SUITE 1010~~
~~MIAMI FL 33133~~

~~1 GROVE ISLE DR., SUITE 1010~~
~~MIAMI FL 33133 4108~~

2. Principal Place of Business

2480 BAY ISLE DRIVE

3. Mailing Address

2480 BAY ISLE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
WESTON FL

City & State
WESTON FL

4. FEI Number 59-2188661

Applied For
Not Applicable

Zip 33327

Country USA

Zip 33327

Country USA

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

STOLZENBERG, JACQUELINE

~~1 GROVE ISLE DR., #1010~~
~~MIAMI FL 33133~~

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

2480 BAY ISLE DRIVE

City

WESTON

FL

Zip Code

33327

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

Jacqueline Stolzenberg

JACQUELINE STOLZENBERG

DATE

4/3/00

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, 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 P ☐ Delete

NAME STOLZENBERG, JACQUELINE

STREET ADDRESS 1 GROVE ISLE DR., #1010

CITY-ST-ZIP MIAMI FL

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

2480 BAY ISLE DRIVE
WESTON, FL 33327

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

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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:

Jacqueline Stolzenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00 (954) 217-6442

Date

Daytime Phone #

CR2E034 (9/99)