

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90184 047 \*\*\*150.00

**DOCUMENT #** K80212

1. Entity Name

CSA Southeast, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

100 Miracle Mile

3. Mailing Address

100 Miracle Mile, 33134

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

Suite 300

City & State

Coral Gables, FL

City & State

Coral Gables, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0121594

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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.

(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) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
President  
Carlos A. Penin  
100 Miracle Mile, Suite 300  
Coral Gables, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Jesus A. Suarez  
8790 Governors Hill Drive  
Cincinnati, OH 45249

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Director  
Stephen A. Kappers  
8790 Governors Hill Drive  
Cincinnati, OH 45249

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Mariano V. Fernandez  
100 Miracle Mile, Suite 300  
Coral Gables, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02

Date

(305) 461-5484

Daytime Phone #