FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90153 001 ***150.00
05-02-2003 90153 002 *****8.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K80212

1. Entity Name
CSA Southeast, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
100 Miracle Mile	same
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State
Zip: 33134 Country: USA	Zip Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Carlos A. Penin

Street Address (P.O. Box Number is Not Acceptable):
100 Miracle Mile, Suite 300

City: Coral Gables FL Zip Code: 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ Carlos A. Penin 4/3/03
Signature, typed or printed name of registered agent and title if applicable. (Note: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & Director Carlos A. Penin 100 Miracle Mile, Suite 300 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman & Director Jesus J. Suarez 8790 Governor's Hill Drive, Suite 200 Cincinnati, Ohio 45249
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director, Treasurer & Secretary Stephen A. Kappers 8790 Governor's Hill Drive, Suite 200 Cincinnati, Ohio 45249
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Mariano Fernandez 100 Miracle Mile, Suite 300 Coral Gables, FL 33134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chief Financial Officer Frederick Riefkohl 8790 Governor's Hill Drive, Suite 200 Cincinnati, Ohio 45249
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (11/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Carlos A. Penin 4/3/03 305.461.5484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X.218

FL210 - 1/09/03 C T System Online