

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011130

1. Entity Name

CSB COMMUNICATIONS, L.L.C.

Principal Place of Business

Mailing Address

2170 S.E. 17TH ST., STE. 202  
FT. LAUDERDALE FL 33316

2170 S.E. 17TH ST., STE. 202  
FT. LAUDERDALE FL 33316

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1058452

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GABRIEL, ALAN L. ESQ.  
LAW OFFICE OF ALAN L. GABRIEL  
2455 E. SUNRISE BLVD., PENTHOUSE EAST  
FT. LAUDERDALE FL 33304

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.

800004493448--9

-07/24/01--01053--003

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

\*\*\*\*\*55.00 \*\*\*\*\*55.00

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MANAGING MEMBER  
REY GAGNON  
6436 NW 53ST.  
FORT LAUDERDALE FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MANAGING MEMBER  
FELIX A. LUGO, JR.  
5495 NE 25AVE #400  
FORT LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
MANAGER  
BRUCE RIBERA  
9940 SW 164 TERR.  
MIAMI, FL 33157

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FELIX A. LUGO, JR.

7/3/01

(954)

958-9820

Date

Daytime Phone #

CR2E083 (5/01)