

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000011130**

1. Entity Name

CSB COMMUNICATIONS, L.L.C.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GAGNON, REY	
STREET ADDRESS	6436 N.W. 53RD STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL 33319	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LUGO, FELIX A	
STREET ADDRESS	5495 N.E. 25TH AVE., #400	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RIBERA, BRUCE	
STREET ADDRESS	9940 S.W. 164TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date

Daytime Phone #

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90049 030 ****50.00

909021

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1058452

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

CR2E083 (9/01)