

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90007 023 ***150.00

DOCUMENT # M20586

1. Entity Name
CSL SAND LEASING, INC.

CSL SAND LEASING, INC.
P.O. Box 546852

Principal Place of Business Mailing Address
9660 E. Bay Harbor Drive
Bay Harbor Island, FL 33154

P. O. Box 546852

2. Principal Place of Business 3. Mailing Address
~~9821 E. Bay Harbor Dr.~~

Suite, Apt. #, etc. Suite, Apt. #, etc.
~~Apt. 3, 2nd Floor~~

City & State City & State
~~Bay Harbor Island, FL~~ **Surfside, FL**

Zip Country Zip Country
33154 **Miami Dade**

4. FEI Number Applied For
59-2590172 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

A0066199

DO NOT WRITE IN THIS SPACE.

6. Name and Address of Current Registered Agent

Corporation Company of Miami
201 S. Biscayne Blvd.
1600 Miami Center
Miami, Florida 33131

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

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

TITLE	DPT <input type="checkbox"/> Delete
NAME	Lankler, Alexander M.
STREET ADDRESS	88 Riverside Dr.
CITY-ST-ZIP	Jupiter, FL 33469
TITLE	DV <input type="checkbox"/> Delete
NAME	Machette, Roberta L.
STREET ADDRESS	9821 E. Bay Harbor Dr.
CITY-ST-ZIP	Bay Harbor Island, FL 33154
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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Roberta L. Machette*
Roberta L. Machette

Date **April 27, 2000** Daytime Phone # **(305)868-6430**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/99)