

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000003225

FILED
Apr 30, 2003
Secretary of State

Entity Name: CISM-REGION II, INC.

Current Principal Place of Business:

5680 SW 87 AVENUE
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

5680 SW 87 AVENUE
MIAMI, FL 33173

New Mailing Address:

FEI Number: 25-0755599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DURAN, NATALIE
5680 SW 87 AVENUE
MIAMI, FL 33173

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: COLLINS, GARY
Address: 15077 SW 103 TERR #8204
City-St-Zip: MIAMI, FL 33196

Title: VT () Delete
Name: PICANOL, JAIME
Address: 1011 NW 111 AVE
City-St-Zip: MIAMI, FL 33172

Title: T () Delete
Name: ENGBERS, FATHER THOMAS
Address: 825 NE 92 ST.
City-St-Zip: MIAMI SHORES, FL 33138

Title: ST () Delete
Name: DURAN, NATALIE
Address: 5680 SW 87 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: RICE, TIM
Address: 2300 PINETREE DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: RODRIGUEZ, ANGELA
Address: 420 S DIXIE HWY STE 4C
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: ROSSBY, CARLA
Address: 16501 SW 91 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: VT (X) Change () Addition
Name: SOUFFRANT, NEAL
Address: 1151 NW 7ST
City-St-Zip: MIAMI, FL 33136

Title: T (X) Change () Addition
Name: ARTHUR, VELDORA
Address: 1151 NW 7 ST.
City-St-Zip: MIAMI, FL 33136

Title: STC (X) Change () Addition
Name: DURAN, NATALIE
Address: 5680 SW 87 AVENUE
City-St-Zip: MIAMI, FL 33173

Title: D (X) Change () Addition
Name: MESA, LEO
Address: 1601 N. PALM AVE. SUITE 311
City-St-Zip: PEMBROKE PINES, FL 33026

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIE DURAN

STC

04/30/2003

Electronic Signature of Signing Officer or Director

Date