

4/2/02

FILED
May 28, 2002 8:00 am
Secretary of State

04-22-2002 90221 015 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013823

1. Entity Name
C & S GLOBAL, INC.

Principal Place of Business
**7226 N.W. 56TH ST., SUITE A
MIAMI FL 33166**

Mailing Address
**7226 N.W. 56TH ST., SUITE A
MIAMI FL 33166**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

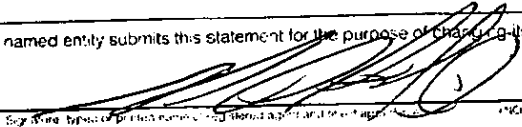
4. FEI Number **65-0983008**

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

6. Name and Address of Current Registered Agent
**KENT, JIM
2810 S.W. 122ND AVENUE
MIAMI FL 33175**

7. Name and Address of New Registered Agent
Name **BERNARDO TACORATE**
Street Address (P.O. Box Number is Not Acceptable) **8500 West Flagler Street Suite B-208**
City **Miami** FL **33144**

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 

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 \$180.00
After May 1, 2002 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**

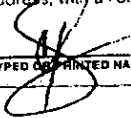
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO CAICEDO, CARLOS A 7226 N.W. 56TH ST., SUITE A MIAMI FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a) 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 627, Florida Statutes, and that my name appears in Block 11 or Block 12, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/02 (205) 688-8857

CR2002 (9/01)