

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90091 040 \*\*\*150.00

**DOCUMENT # P00000053784**

1. Entity Name  
**CENIELSA, INC.**

Principal Place of Business <b>2130 SUNTRUST INTERNATIONAL CENTER          ONE SOUTHEAST THIRD AVENUE          MIAMI FL 33133</b>	Mailing Address <b>2130 SUNTRUST INTERNATIONAL CENTER          ONE SOUTHEAST THIRD AVENUE          MIAMI FL 33133</b>
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2. Principal Place of Business <b>169 EAST FLAGLER ST.          Suite, Apt. #, etc. 1118          City &amp; State MIAMI, FLORIDA          Zip 33131 Country USA</b>	3. Mailing Address <b>169 EAST FLAGLER ST.          Suite, Apt. #, etc. 1118          City &amp; State MIAMI, FLORIDA          Zip 33131 Country USA</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1012224</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>COPROLITE CORPORATION          2130 SUNTRUST INTERNATIONAL CENTER          ONE SOUTHEAST THIRD AVENUE          MIAMI FL 33133</b>	7. Name and Address of New Registered Agent Name <b>MICHAEL GLINSKY</b> Street Address (P.O. Box Number is Not Acceptable) <b>169 EAST FLAGLER ST. # 1118</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>
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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 **MICHAEL GLINSKY** (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE **4/2/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DICKMAN, MICHAEL K CALLE 10, #38-43 URB. IND, ACOPI YUMBO, COLOMBIA, S.A. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DICKMAN K., MICHAEL CALLE 10, #38-43 URB. IND, ACOPI YUMBO, COLOMBIA, S.A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MUNOZ, ALFONSO C CALLE 10 #38-43 URB. IND, ACOPI YUMBO, COLOMBIA, S.A. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P MUNOZ C., ALFONSO CALLE 10 #38-43 URB. IND, ACOPI YUMBO, COLOMBIA, S.A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT GOMEZ, JAIRO A CALLE 10 #38-43 URB. IND, ACOPI YUMBO, COLOMBIA, S.A. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT GOMEZ A., JAIRO CALLE 10 #38-43 URB. IND, ACOPI YUMBO, COLOMBIA, S.A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRANKEL, MELVIN F 1 SE 3RD AVE., STE 2130 MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **[Signature]** February 7, 2002 (305) 53-8600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0206340 AV

CR2E034 (9/01)