

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91844 013 ***150.00

DOCUMENT # P00000071022

1. Entity Name
CESA 2024, INC.



Principal Place of Business
~~220 71ST STREET #213~~
~~MIAMI BEACH FL 33141~~

Mailing Address
~~220 71ST STREET #213~~
~~MIAMI BEACH FL 33141~~



2. Principal Place of Business

3. Mailing Address

12000 BISCAYNE BLVD
Suite, Apt. #, etc. **SUITE 507**

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State

Zip **33181** Country **USA**

Zip

Country

4. FEI Number **65-1030004**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHIARATO, UGO V
220 71ST STREET #213
MIAMI BEACH FL 33141

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTSD**
STREET ADDRESS **CHOI, JI-SUN**
CITY-ST-ZIP **220 71ST STREET #213 12000 BISCAYNE BLVD**
MIAMI BEACH FL 33141 MIAMI FL 33181

TITLE ☐ Change ☐ Addition
NAME **SUITE 507**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED **POA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2003 (305) 899-5099

Date

Daytime Phone #

CR2E034 (10/02)