FILED
Jun 25, 2001 8:00 am
Secretary of State
06-25-2001 90041 045 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000098867

1. Entity Name: Customer Solutions, inc.

[redacted]

A0074606

Principal Place of Business	Mailing Address
P.O. Box 998212 miami FL 33299-8212	P.O. Box 998212 miami FL 33299-8212

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1048148 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YURI IZURIETA
4901. N.W. 192 ST
miami FL 33055

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, 2001, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date: 04/20/01 Daytime Phone #: (305)219-8094

Attachment

A007460

[redacted]

[redacted]

Florida Profit

CUSTOMER SOLUTIONS, INC.

PRINCIPAL ADDRESS
P.O. BOX 998212
MIAMI FL 33299-8212

MAILING ADDRESS
P.O. BOX 998212
MIAMI FL 33299-8212

Document Number	FEI Number	Date Filed
P00000098867	NONE	10/20/2000
State	**Status**	**Effective Date**
FL	ACTIVE	NONE

Registered Agent

Name & Address
IZURIETA, YURI 4901 NW 192 ST. MIAMI FL 33055

Officer/Director Detail

Name & Address	Title
IZURIETA, YURI 4901 NW 192 ST. MIAMI FL 33055	PD
RICO, ADRIANA 4901 NW 192 ST. MIAMI FL 33055	VPD

Annual Reports

Report Year	Filed Date	Intangible Tax

Attachment A03Y46Q6

P00000098867

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 21, 2001

CUSTOMER SOLUTIONS, INC.
P.O. BOX 998212
MIAMI, FL 33299-8212

Subject: **CUSTOMER SOLUTIONS, INC.**

Reference Number: **P00000098867**

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is $150.00. If a certificate of status is desired, please add an additional $8.75.

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE $400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.