

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000010865

FILED  
Apr 11, 2003  
Secretary of State

Entity Name: C N L, INC.

## Current Principal Place of Business:

10600 N. W. 32ND STREET  
SUNRISE, FL 33351

## New Principal Place of Business:

1061 WEST OAKLAND PARK BLVD.  
SUITE 120  
FT. LAUDERDALE, FL 33311

## Current Mailing Address:

PO BOX 450688  
SUNRISE, FL 33345

## New Mailing Address:

FEI Number: 65-1080651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VITAKIS, KALLIOPE  
10600 N. W. 32ND STREET  
SUNRISE, FL 33351

## Name and Address of New Registered Agent:

VITAKIS, KALLIOPE  
1275 SW 46TH AVENUE  
#213  
POMPANO BEACH, FL 33069

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: KALLIOPE VITAKIS

04/11/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: VITAKIS, KALLIOPE  
Address: 10600 N. W. 32ND STREET  
City-St-Zip: SUNRISE, FL 33351

Title: VP ( ) Delete  
Name: SYED, ASIF H  
Address: 10600 N. W. 32ND STREET  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: VITAKIS, KALLIOPE  
Address: 1275 SW 46TH AVE. #213  
City-St-Zip: POMPANO BEACH, FL 33069

Title: VP (X) Change ( ) Addition  
Name: SYED, ASIF H  
Address: 1061 WEST OAKLAND PARK BLVD. SUITE 120  
City-St-Zip: FT. LAUDERDALE, FL 33311

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KALLIOPE VITAKIS

D

04/11/2003

Electronic Signature of Signing Officer or Director

Date