

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90133 048 ***158.75

0157353 AV

DOCUMENT # P01000013933	
1. Entity Name CORPORATE SAVINGS, INC.	
Principal Place of Business 2701 N. HIATUS ROAD #107 COOPER CITY FL 33026	Mailing Address 2701 N. HIATUS ROAD #107 COOPER CITY FL 33026
2. Principal Place of Business 2701 N. Hiatus Rd #107	3. Mailing Address 2701 N. Hiatus Rd
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. #107 SAME
City & State Cooper City, FL 33026	City & State Cooper City, FL 33026
Zip 33026	Zip 33026
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1073937	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MONTALVO, DIANA 2701 N. HIATUS ROAD #107 COOPER CITY FL 33026	7. Name and Address of New Registered Agent Name SAME AS CURRENT Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 *[Signature]* **DIANA MONTALVO** DATE _____
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	D MONTALVO, DIANA 2701 N. HIATUS ROAD #107 COOPER CITY FL 33026 <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
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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]* **DIANA MONTALVO** **4/30/02** **(954) 430-8608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25034 (9/01)