

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90407 022 ***158.75

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 #107

Suite, Apt. #, etc.

SAME

Suite, Apt. #, etc.

#107

City & State

COOPER CITY, FL 33026

City & State

COOPER CITY FL 33026

Zip

Country

USA

Zip

Country

USA

4. FEI Number 65-1073937

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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]

DIANA MONTALVO

(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

TITLE D ☐ Delete
NAME MONTALVO, DIANA
STREET ADDRESS 2701 N. HIATUS ROAD #107
CITY-ST-ZIP COOPER CITY FL 33026

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANA MONTALVO 4/30/03 (954) 430-8608

CR2E034 (10/02)