

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

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

05-05-2003 92123 001 \*\*\*300.00

DOCUMENT # P01000025627

1. Entity Name

C+S REAL ESTATE HOLDINGS, INC.



**35037723**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2927 EMBASSY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 211807

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FLORIDA

Zip 33401

Country USA

City & State

WEST PALM BEACH, FLORIDA

Zip 33421

Country USA

4. FEI Number

65-1090218

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

STEVE OUCHIAGROSSO

Street Address (P.O. Box Number is Not Acceptable)

2927 EMBASSY DRIVE

City

WEST PALM BEACH

**FL**

Zip Code  
33401

**DO NOT WRITE  
IN THIS SPACE**

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

Steve Ouchigrosso

STEVE OUCHIAGROSSO

4/25/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Pres</u> <u>STEVE OUCHIAGROSSO</u> <u>2927 EMBASSY DRIVE</u> <u>WEST PALM BEACH, FL 33401</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice-Pres</u> <u>CHRISTOPHER CEBOLLERO</u> <u>2927 EMBASSY DRIVE</u> <u>WEST PALM BEACH, FL 33401</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address. With all other like empowered.

SIGNATURE:

Steve Ouchigrosso

4/25/03

(561) 248 8721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)