

**FOR PROFIT CORPORATION**  
**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90323 023 \*\*\*158.75

**DOCUMENT #** P01000036679

1. Entity Name

CNS PRODUCTS CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

15841 PINES BLVD.

3. Mailing Address

15841 PINES BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NO. 217

NO. 217

City & State

City & State

PEMBROKE PINES, FL

PEMBROKE PINES, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

4. FEI Number

65-1094586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

7. Name and Address of Current Registered Agent

Name

JORGE A. CARMENATE

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

15841 PINES BLVD

City

PEMBROKE PINES

FL

Zip Code

33027

**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.

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JORGE A. CARMENATE 15841 PINES BLVD. PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T SHIRLEY CHARAFARDIN 15841 PINES BLVD. PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02 305-553-433

Date

Daytime Phone #