

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91331 009 ***150.00

DOCUMENT # **PD1000038424** ✓
1. Entity Name
CB0 COMMUNICATIONS, INC

008392

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 18459 Pines Blvd		3. Mailing Address 18459 Pines Blvd	
Suite, Apt. #, etc. 164		Suite, Apt. #, etc. 164	
City & State Pembroke Pines		City & State Pembroke Pines	
Zip 33029	Country BRWD	Zip 33029	Country BRWD

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1152875	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name YVonne Chang	
Street Address (P.O. Box Number is Not Acceptable) 2850 Somerset Dr #202	
City FT. Lauderdale	FL Zip Code 33311

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 **YVONNE CHANG**

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	Yvonne Chang 2850 Somerset Dr #202 FT. Lauderdale, FL 33311
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIANE OSBORN 1230 NW 192 TER PEMBROKE PINES, FL 33029
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WASHN OLIVER 6 SAKTHORPE AVE KEN B JAMAICA, D.C.
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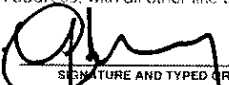
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IN THIS SPACE**

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  **YVONNE CHANG**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02
Date

9547308205
Daytime Phone #

CR2E034B (12/01)