

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90172 027 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000038426					
1. Entity Name CBO COMMUNICATIONS, INC					
Principal Place of Business 18459 PINES BLVD SUITE 164 PEMBROKE PINES, FL 33029			Mailing Address 18459 PINES BLVD SUITE 164 PEMBROKE PINES, FL 33029		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1152875			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CHANG, YVONNE 2850 SOMERSET DRIVE #202 FT. LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent's signature required when resigning) DATE _____					
FILE NOW!! FEE IS \$160.00 After May 1, 2003 Fee will be \$650.00 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	P	☐ Delete			
NAME	CHANG, YVONNE				
STREET ADDRESS	2850 SOMERSET DRIVE, #202				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311				
TITLE	D	☐ Delete			
NAME	OSBORN, DIANE				
STREET ADDRESS	1230 N W 192ND TERRACE				
CITY-ST-ZIP	PEMBROKE PINES, FL 33029				
TITLE	D	☐ Delete			
NAME	OLIVER, WASAN				
STREET ADDRESS	6 SANTHROPE AVE				
CITY-ST-ZIP	KGNS, JAMAICA, W.I.				
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					
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 <u>YVONNE CHANG</u> 5/2/03 9547308205					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					