2002 UNIFORM BUSINESS REPORT (UBR) FILED Jun 03, 2002 8:00 am DOCUMENT # P01000042042 1. Entity Name Secretary of State C.G.R. INTERNATIONAL, INC. 06-03-2002 91204 032 ***150.00 Principal Place of Business Mailing Address 2151 LEJEUNE RD #312 2151 LEJEUNE RD #312 **CORAL GABLES FL 33134 CORAL GABLES FL 33134** 2. Principal Place of Business 413 WEST ATLANTIC DO NOT WRITE IN THIS SPACE City & State City & State 14R GA Applied For Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Ageπt 7. Name and Address of New Registered Agent DUMONT, CHARLES ----Street Address (P.O. Box Number is Not Acceptable) 2151 LEJEUNE RD #312 **CORAL GABLES FL 33134** Zip Code FL 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, typed or privided name of registered agent and tire it applicable (NOTE | Feg stered Agent's gharure required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete DUMONT, CHARLES TITLE NAME DUMONT, CHARLES MARKET STREET ADDRESS 2151 LEJEUNE RD #312 S413 WEST ATLANTIC BLUD MARGATE, FZ 33063 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME SANCHEZ, JULIANA SANCHEZ. TULIANA NASIS STREET ADDRESS 2151 LEJEUNE RD #312 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL 33134 CiTY-ST-ZIP ☐ Delete 71715 Addition NAME L.WE STREET ADDRESS STREET_ADDRESS CITY-ST-ZIP City-ST-CP TITLE Delete TiTLE ☐ Change Addition DAME LAL'F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIT 1 - 37 - 2 F Delete Change NAME Add-tion NAME: STREET ADDRESS SEEFFACERESS CITY-ST-ZIP 217 - \$7-25 ☐ Delete TITLE ☐ Change Addition LAVE STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CiTY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3,6), 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 Block 12 if