FROM :

FAX NO. :

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90033 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01 0600 92125

851127

1. Entity Name

CS & PUBLIC RELATIONS GROUP INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10618 NE 11TH AVE.	10618 NE 11TH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI SHORES, FL	City & State: MIAMI SHORES, FL.
Zip: 33138 Country: USA	Zip: 33138 Country: USA

4. FEI Number: 65-114-3967 ☐ Applied For ☐ Not Applicable

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: MARK SELL

Street Address (P.O. Box Number is Not Acceptable): 10618 NE 11th AVE.

City: MIAMI SHORES FL Zip Code: 33138

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: _____ MARK SELL April 28 2002

Signature, typed or printed name of registered Agent and date if applicable (NOTE: Registered Agent signature required when executing) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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/S/D MARK W. SELL 10618 NE 11TH AVE. MIAMI SHORES FL. 33138
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T/D SFERO CANTON 1025 NE 98TH ST. MIAMI SHORES, FL. 33138
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 11 or an attachment with an address, with all other like empowered.

SIGNATURE: _____ MARK W. SELL 4/28/02 305-892-9585

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL BOARD OFFICER OR DIRECTOR Date Daytime Phone #