

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2003 8:00 am
Secretary of State

07-21-2003 90136 001 ***150.00

DOCUMENT # P02000022310

1. Entity Name

C.B. SERVICE INTERNATIONAL, INC.



Principal Place of Business

C/O 3301 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134

Mailing Address

C/O 3301 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134

2. Principal Place of Business

1620 S. BAYSHORE CT. U.I.

Suite, Apt. #, etc.

3. Mailing Address

1620 S. BAYSHORE CT. U.I.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Miami, Florida

Zip
33133 4031

Country
USA

City & State

Miami, Florida

Zip
33133 4031

Country
USA

4. FEI Number

EIN 74-3040421

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PINES, ELIZABETH C

3301 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00
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 * D
NAME BOUR, CHRISTEL
STREET ADDRESS C/O 3301 PONCE DE LEON BLVD., SUITE 200
CITY-ST-ZIP CORAL GABLES FL 33134

☐ Delete

TITLE *
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change

☐ Addition

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:

CHRISTEL BOUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/16/03

Date

786.314.5489

Daytime Phone #

CR2E034 (4/03)