2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000047970 **DOCUMENT #**

Entity Name
 C & S TRADING GROUP CORP.



FILED Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90124 038 ***158.75

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS						O WE LEE	1				
Suite, Apt. #, etc. Suite	169 É. FLAGLER ST. SUITE 1534			169 E. Flagler St. Suite 1534			1 		 		
City & State Country See of Location of States Desired City & State Country See of Location of New Registered Agent Name CYBEL ALBERTO J 109 E FLAGLER ST. SUITE 1834 MIAMI FL 33131 City FL Zip Code City	2. Principal Place of Business			3. Mailing Address			-		i delli delli delli		
Zip Country Zip Country S. Certificate of Status Desired Zip S8.75 Additional Progress of Current Registered Agent 77. Name and Address of New Registered Ag	Suite, Apt. #, etc.			Suite, Apt. #, etc.			- ☐ CHECK HERE IF MAKING CHANGES				
See Flace of Status Desired See Required See Required See Flace of Status Desired See Required	City & State			City & State			4. FEI Nu	umber 41 - 20	6213	1 —	· · · · · · · · · · · · · · · · · · ·
CYBEL ALBERTO J 169 E. FLAGLER ST. SUITE 1534 MIAMI FL 33131 6. 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 type obligators of registered agent such that purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept type obligators of registered agent such that purpose of registered agent, or both, in the State of Florida. I am familiar with, and accept type obligators of registered agent such to replacation. **FILE NOW!!! FEE IS 150.00 After May 1, 2002 Fee with be \$550.00 Make Check Payable to Florida Department of State 10. **OFFICERS AND DIRECTORS** 11. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS** 11. **ADDITIONS/CHANGES TO OFFICERS** 12. **ADDITIONS/CHANGES TO OFFICERS** 13. **ADDITIONS/CHANGES TO OFFICER	Zip Country			Zip Country			5. Certific			\$8.75 Ad	lditional
CYBEL, ALBERTO J 169 E. FLAGLER ST. SUITE 1534 MIAMI FL 33131 City FL Zip Code 6. The above named onity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Ficoria. I am familiar with, and accept 190 epilipatons or registered agent with a process of registered agent. The process of registered agent with a process or registered agent and rest of specification or registered agent are of registered agent and rest of specification. The purpose of changing its registered office or registered agent, or both, in the State of Ficoria. I am familiar with, and accept 190 populations or registered agent are of registered agent agents recorded agent are of registered agent. FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridae Department of State 10.		6. Name and Add	ress of Current Registe	ered Agent		*	7.₌Name	and Address of New	Registered	<u>.</u>	
SUBSTANCES OFFICERS AND DIRECTORS OFFICERS SAND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS THE NAME OFFICERS STORM MAME IN 301311 THE NAME OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS THE OFFICERS AND DIRECTORS OFFICERS AND DIRECTORS THE OFFICERS AND DIRECTORS OFFI-31-2P THE NAME SIREST ADDRESS OFFI-51-2P THE THE THE THE THE THE THE TH		~ \$5°			1					<u> </u>	
SUITE 1534 MIAMI FL 33131 City FL Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property or registered agent, or both, in the State of Fiorida. I am familiar with, and accept special property. ITLE December 11.1.	**			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 affice or registered agent, or both, in the State of Fiorida. I am femiliar with, and accept specifications of registered agent or present arms of registered agent. **SigNaTuTie**						-			···		
10. The above named entity submits 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 objective of optigations of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of policy of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of the objective of the objective of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the objective of the purpose of change in the state of Florida. I am familiar with, and accept the objective of the purpose of change of the purpose of the			*		- (City			FI	Zip Coc	ie
Signaturies Signature repeated represent agents and title if expolerables INOTE: Registered Agent signature required when remeatancy) DATE	8. The above	named entity submits ions of registered agen	this statement for the put.	rpose of changing its	registered of	office or register	ed agent, or	r both, in the State of F		- 1	and accept
FILE NOW!!! FEE IS \$150.00 Atter May 1, 2003 Fee will be \$550.00 May Bo Added In Fees Payable to Florida Department of State 10.		Signature, typed or printed name	ne of registered agent and title if a	applicable (NOTI	F: Registered An	nent signature required	when reinstating	-1	DATE		<u>_</u>
After May 1, 2003 Fee will be \$550.00 May Be Make Check Payable to Florida Department of State 10.	1			1		John Organica Todanica	- micrionistaning	***************************************	DAIL		<u>,</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	After	May 1, 2003 Fee wi	ill be \$550.00				9.	, •	٠.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	10.	<u> </u>	OFFICERS AND DIRECT	ORS	11.		ADDITIO	NS/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	. =	·	☐ Delete	TITLE			,			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					NAME	ļ,				_ ,	_
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES			ST.SUITE 1534				,				
STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	TITLE			☐ Delete	TITLE					Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-Z									•		
TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP CTTY-ST-Z						· I					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZI	~		francis spare	·	_	-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-				□ Delete			*		<u> </u>	- Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET					_	DDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE	CITY-ST-ZIP				CITY-ST-	ZIP					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREE	TITLE			☐ Delete	TITLE					☐ Change	Addition
CITY-ST-ZIP TITLE TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHANGE CHANGE ADDRESS CITY-ST-ZIP CHANGE CHANGE ADDRESS CITY-ST-ZIP CHANGE	NAME				NAME						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	· · ·				STREET AL	DDRESS					
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-SI-ZIP				CITY-ST-	ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12 bereby certify that the information supplied with this filing does of the committee	TITLE			☐ Delete	4	1				☐ Change	☐ Addition
CITY-ST-ZIP	1					nnece					}
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12 bereby certify that the information supplied with this filing does of the averaging for the expension stated in Section 110 OZ/CVV). Floride County between the community of the community of the expension stated in Section 110 OZ/CVV). Floride County between the community of the com	CITY-ST-ZIP										ļ
NAME STREET ADDRESS CITY-ST-ZIP 12 bereby certify that the information supplied with this filing does of the expension stated in Section 110 OZ/QV() Floride Court of the expension stated in Section 110 OZ/QV() Flo			**	Doloto				,			- Addis-
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP 12 bereby certify that the information symplied with this filing does of the decimal of the expension stated in Section 110 O7/QV(). Floring Charles and the state of the sympletic stated in Section 110 O7/QV(). Floring Charles are sized in Section 110 O7/QV().	NAME			T Delete		1				∟j Unange	☐ Addition
12 bereful certify that the information supplied with this filing does policyclify for the examplion stated in Section 110 07/09/3 Floride Charles - 1/4 at 1	STREET ADDRESS					DDRESS					
12. Thereby certify that the information supplied with this filing does polyqualify 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	CITY-ST-ZIP	<u> </u>			CITY-ST-	ZIP					
of the corporation of 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 or the repowered.	of the corr	on this report or supple poration or the receiver	mental report is true and or trustee empowered#t	accurate and that mo execute this report a	r the exempt ny signature as required	ion stated in Sec shall have the s	ction 119.07 ame legal e	(3)(i), Florida Statutes ffect as if made under	. I further cer	rtify that the in am an officer	nformation or director

SIGNATURE: