

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-01-2003 90764 036 ***150.00

DOCUMENT # P02000062275

1. Entity Name
CSC CONSTRUCTION SOLUTIONS, INC.



Principal Place of Business
**9501 FONTAINEBLEAU BLVD #305
MIAMI FL 33172**

Mailing Address
**9501 FONTAINEBLEAU BLVD #305
MIAMI FL 33172**

2. Principal Place of Business

3. Mailing Address
11402 N.W. 41 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.
211

City & State

City & State
MIAMI FL.

4. FEI Number

27-0017831

Applied For

Not Applicable

Zip

Country

Zip
33178

Country
US

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUIZ, OSIEL
9501 FONTAINEBLEAU BLVD #305
MIAMI FL 33172**

Name

RUIZ OSIEL

Street Address (P.O. Box Number is Not Acceptable)

11402 NW 41 ST. Suite 211

City

MIAMI

FL

Zip Code

33178

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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **RUIZ, OSIEL**
STREET ADDRESS **9501 FONTAINEBLEAU BLVD #305**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** ☐ Change ☒ Addition
NAME **HUGO GONZALEZ**
STREET ADDRESS **9501 Fontainebleau Blvd #305**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **D** ☐ Delete
NAME **HUGO GONZALEZ**
STREET ADDRESS **9501 FONTAINEBLEAU Blvd #305**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Delete
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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:

SCHAFER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)