

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90146 037 ***150.00

DOCUMENT # P02000063236

1. Entity Name
CORPORATE STRUCTURE SERVICES, INC.



Principal Place of Business
17993 SW 13TH STREET
PEMBROKE PINES FL 33029

Mailing Address
17993 SW 13TH STREET
PEMBROKE PINES FL 33029

2. Principal Place of Business
14100 Palmetto Frontage Rd

3. Mailing Address
14100 Palmetto Frontage Rd.

Suite, Apt. #, etc.
105

Suite, Apt. #, etc.
105

City & State
Miami, Lakes, FL

City & State
Miami, Lakes, FL

Zip 33014 **Country** U.S.A.

Zip 33014 **Country**

4. FEI Number 01-0725628

☒ **Applied For**
☐ **Not Applicable**

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

JOHNSON, KIM L
~~17993 SW 13TH STREET~~
~~PEMBROKE PINES FL 33029~~

Name
Street Address (P.O. Box Number is Not Acceptable)
14100 Palmetto Frontage Rd, Ste 105
City Miami Lakes **FL** **Zip Code** 33014

Address change Only

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

(NOTE: Registered Agent signature required when reinstating)

3/4/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~CEO~~ ☐ Delete
NAME JOHNSON, KIM L
STREET ADDRESS 17993 SW 13TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE President ☒ Change ☐ Addition
NAME Johnson, Kim L.
STREET ADDRESS 14100 Palmetto Frontage Rd, Ste 105
CITY-ST-ZIP Miami, Lakes, FL 33014

TITLE ~~CEO~~ ☐ Delete
NAME BARNES, TONI M
STREET ADDRESS 17993 SW 13TH STREET
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE Secretary ☒ Change ☐ Addition
NAME Barnes, Toni M.
STREET ADDRESS 14100 Palmetto Frontage Rd, Ste. 105
CITY-ST-ZIP Miami, Lakes, FL 33014

TITLE ~~CPD~~ ☐ Delete
NAME DIAZ, DOROTHY J
STREET ADDRESS 17415 NW 75TH PLACE
CITY-ST-ZIP MIAMI FL 33015

TITLE Treasurer ☒ Change ☐ Addition
NAME Diaz, Dorothy J.
STREET ADDRESS 14100 Palmetto Frontage Rd, Ste. 105
CITY-ST-ZIP Miami, Lakes, FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/03 *305-698-9375*
DATE Daytime Phone #

CR2E034 (10/02)