## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P02000089144

City-St-Zip:

MIAMI BEACH, FL 33139

Entity Name: CLS-MIAMLINVESTMENT GROUP INC

FILED Feb 21, 2003 Secretary of State

Entity Nar	me: CLS-MIA	MI INVESTMENT GROUP, INC	٠.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
999 WASHINGTON AVE MIAMI BEACH, FL 33139			999 WASHINGTON AV MIAMI BEACH, FL 331		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	HINGTON AVE ACH, FL 3313				
FEI Number:	: 56-2287929	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 333114132 US			999 WASHINGTON AV	GALBUT, ABRAHAM A 999 WASHINGTON AVE MIAMI BEACH, FL 331395015 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: ABRAHAM A GALBUT				02/21/2003	
Electronic Signature of Registered Agent			ent	Date	
	mpaign Financin S AND DIREC	g Trust Fund Contribution().	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( FROLICH, SET 999 WASHING MIAMI BEACH	TON AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DST ( GALBUT, ABRA 999 WASHING MIAMI BEACH	TON AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	DV ( GOTTLIEB, ST 999 WASHING		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ABRAHAM A GALBUT DST 02/21/2003