

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90181 044 ***150.00

DOCUMENT # P02000091488

1. Entity Name
CONSEIN, INC.



Principal Place of Business
110 S.E. 6TH STREET #1950
FT. LAUDERDALE FL 33301

Mailing Address
110 S.E. 6TH STREET #1950
FT. LAUDERDALE FL 33301

2. Principal Place of Business

1920 EAST HALLANDALE

3. Mailing Address

1920 EAST HALLANDALE

Suite, Apt. #, etc.

BEACH BLVD. SUITE 802

BEACH BLVD. SUITE 802

HALLANDALE BEACH FL

HALLANDALE BEACH FL

Zip
33009

Country
USA

Zip
33009

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ 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

PENINSULA REGISTERED AGENTS, INC.
200 SOUTH BISCAYNE BLVD., 43RD FLOOR
MIAMI FL 33131

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 \$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 ☐ Delete
NAME **D**
SAIAS, EDUARDO
STREET ADDRESS **110 S.E. 6TH STREET #1950**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition
NAME **D**
SAIAS, EDUARDO
STREET ADDRESS **1920 EAST HALLANDALE BEACH BLVD.**
CITY-ST-ZIP **SUITE 802 HALLANDALE BEACH FL 33009**

TITLE ☐ Delete
NAME **D**
ESKENAZI, ARIE
STREET ADDRESS **110 S.E. 6TH STREET #1950**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition
NAME **D**
ESKENAZI, ARIE
STREET ADDRESS **1920 EAST HALLANDALE BEACH BLVD.**
CITY-ST-ZIP **SUITE 802 HALLANDALE BEACH FL 33009**

TITLE ☐ Delete
NAME **D**
HERDAN, RICARDO
STREET ADDRESS **110 S.E. 6TH STREET #1950**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition
NAME **D**
HERDAN, RICARDO
STREET ADDRESS **1920 EAST HALLANDALE BEACH BLVD.**
CITY-ST-ZIP **SUITE 802 HALLANDALE BEACH FL 33009**

TITLE ☐ Delete
NAME **D**
PICON, ROBERTO
STREET ADDRESS **110 S.E. 6TH STREET #1950**
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition
NAME **D**
PICON, ROBERTO
STREET ADDRESS **1920 EAST HALLANDALE BEACH BLVD.**
CITY-ST-ZIP **SUITE 802 HALLANDALE BEACH FL 33009**

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 empowerment.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 10 2003 954-4547691

Date

Daytime Phone #

CR2E034 (10/02)