FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90171 044 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000097859

1. Entity Name
C&S Angiolini Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
169 E Flagler St
Suite, Apt. #, etc.

3. Mailing Address
169 E Flagler St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Miami, FL
Zip: 33131
Country:

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Zip: 33131
Country:

4. FEI Number: 11-3652699 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Stephen M. Zalka, CPA
Street Address (P.O. Box Number is Not Acceptable): 7667 West Sample Road Ste 280
City: Coral Springs FL Zip Code: 33065

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.

SIGNATURE: Stephen M. Zalka CPA — DATE: 3/27/03
Signature of a member or agent of the corporation (See Article 4 if applicable) (NOTE: Registered Agent signature required when name/address)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $650.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D NAME Sandro Angiolini STREET ADDRESS 169 E Flagler St CITY-ST-ZIP Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND/OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #