


FILED
May 13, 2003 8:00 am
Secretary of State

05-13-2003 90054 039 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P9400000014		
1. Entity Name CESI CORP.		
Principal Place of Business 200 S. BISCAYNE BLVD. 20TH FLOOR MIAMI, FL 33131 US	Mailing Address 200 S. BISCAYNE BLVD. 20TH FLOOR MIAMI, FL 33131 US	
2. Principal Place of Business 201 S. Biscayne Blvd. Suite Apt. #, etc. Suite 850 City & State Miami, FL Zip 33131	3. Mailing Address 201 S. Biscayne Blvd. Suite Apt. #, etc. Suite 850 City & State Miami, FL Zip 33131	
<input type="checkbox"/> CHECK HERE IF MAKING CHANGES		
4. FEI Number 65-0457963		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROSS2 FIU CORPORATION 201 S BISCAYNE BLVD STE 860 MIAMI, FL 33131		
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent's signature required when appointing) Signature, typed or printed name of registered agent and title if applicable. DATE		
FILE NOW!!! FEE IS \$160.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CHEEZEM, CHARLES K 201 S BISCAYNE BLVD STE 860 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CHEEZEM, JAN C 201 S BISCAYNE BLVD STE 850 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 an attachment with an address, with all other like empowerments.		
SIGNATURE: <i>Jan Carson Cheezem</i>		Date: 305 702 3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date

90133811



CR2034 (10/02)