2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am Secretary of State DOCUMENT # **P95000025235** 1. Entity Name CCS INTERNATIONAL, INC. 03-22-2000 90179 019 ***150.00 Principal Place of Business Mailing Address 6262 SUNSET DRIVE 4960 S.W. 72 AVENUE **MIAMI FL 33155** MIAMI FL 33143-4843 US 2. Principal Place of Business 3. Mailing Address 6262 SUNSET DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0575605 Not Applicable MIAMI, FLORIDA Country Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 33143 U.S.A. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARBERT, JEANETTE E ESQ. Street Address (P.O. Box Number is Not Acceptable) 6262 SUNSET DRIVE PH 1 **MIAMI FL 33143** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back). Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DCEO X Change Addition Delete TITLE TITLE NAME NASH, CRAIG M NAME 6262 SUNSET DRIVE, PH 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** DP ☐ Addition X Change SV TITLE ☐ Delete TITLE NAME RISHELL, PAUL W STREET ADDRESS 6262 SUNSET DRIVE, PH 1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143** X Addition ☐ Change DSV Delete TITLE TITLE KUPPER, RANDY-NAME KINCKE,_VICTORIA_J. NÁMĚ STREET ADDRESS 6262 SUNSET DRIVE STREET ADDRESS 6262 SUNSET DRIVE, PH 1 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 **MIAMI FL 33143** ☐ Addition Change TITLE TITLE ☐ Detete DREW, W. CARL DREW, CARL W NAME NAME STREET ADDRESS STREET ADDRESS 6262 SUNSET DRIVE, PH 1 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33143 EVP X Change ☐ Addition TITLE ☐ Delete TITLE MARBERT, JEANETTE E. NAME NAME STREET ADDRESS 6262 SUNSET DRIVE, PH 1 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33143 CITY-ST-ZIP MIAMI FL Change Addition ☐ Delete TITLE TITLE WEST, JENNIFER A NAME NAME STREET ADDRESS STREET ADDRESS 6262 SUNSET DR PH 1 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33143**

13. I hereby certify that the information supplied with this filling 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wictoria
Victoria
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Victoria J. Kincke

3/9/00

(305) 666-1861

Daytime Phone #