

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2000 8:00 am**  
**Secretary of State**  
 01-21-2000 90124 028 \*\*\*150.00

**DOCUMENT # P95000034565**

1. Entity Name  
**CSB SERVICES, INC.**

Principal Place of Business  
**9640 S.W. 10TH TERRACE  
 MIAMI FL 33174**

Mailing Address  
**9640 S.W. 10TH TERRACE  
 MIAMI FL 33175-6419**

2. Principal Place of Business  
**14032 SW 38 Terrace**  
 Suite, Apt. #, etc.

3. Mailing Address  
**14032 SW 38 Terrace**  
 Suite, Apt. #, etc.

City & State  
**MIAMI FL**  
 Zip  
**33175** Country

City & State  
**MIAMI FL**  
 Zip  
**33175** Country

4. FEI Number **65-0589156** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**MIRO, JOSE L  
 9640 S.W. 10TH TERR  
 MIAMI FL 33174**

7. Name and Address of New Registered Agent  
 Name **MIRO, JOSE L.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14032 SW 38 Terrace**  
 City **Miami** FL Zip Code **33174**

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) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PST MIRO, JOSE L 9640 S.W. 10TH TERR MIAMI FL 33174</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AVP RODRIGUEZ, PEDRO PABLE 9640 SW 10TH TERRACE MIAMI FL 33174</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SAEZ, JOSE A 9640 SW 10TH TERRACE MIAMI FL 33174</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST MIRO, JOSE L 14032 SW 38 Terrace MIAMI, FL 33174</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: Jose L. Miro  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-00 305-672-9003**  
 Date Daytime Phone #

CR2E034 (9/99)