

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079824

1. Entity Name
C.B.R. GROUP, INC.

Principal Place of Business
555 NE 15TH ST.
SUITE 100
MIAMI FL 33132

Mailing Address
3247 NE 168TH ST.
N. MIAMI BCH FL 33160

2. Principal Place of Business
9553 HARDING AV

3. Mailing Address

Suite, Apt. #, etc.
Suite 309

Suite, Apt. #, etc.

City & State
SUITE 100 FL

City & State

Zip
33154

Zip

Country
1400

Country

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90017 009 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0727992** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BALLESTEROS, CHRISTIAN
3247 NE 168TH ST.
N. MIAMI BCH FL 33160**

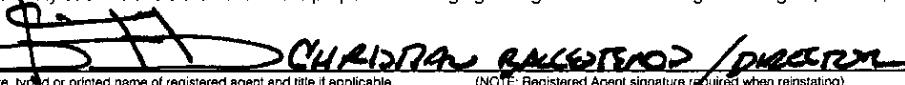
7. Name and Address of New Registered Agent

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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4/16/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALLESTEROS, CHRISTIAN 3247 NE 168TH ST. N. MIAMI BCH FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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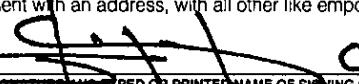
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  CHRISTIAN BALLESTEROS 9/16/01 (305) 861-9610

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #