2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000093498** 1. Entity Name C&S REAL ESTATE DEVELOPMENT CORP. Principal Place of Business Mailing Address

Jun 05, 2000 8:00 am Secretary of State 06-05-2000 90008 011 ***550.00

MIAMI FL 33126		2 ALHAMBRA PLAZA PH II CORAL GABLES FL 33134-5202			T TEATHER HE FOUR ONLY BOTH BOTH BOTH BOTH	48 4 10 0	11111 21010 13 1		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE I	N THIS SPA	∤CE		
City & State		City & State		4.	4. FEI Number 65-0703312		Applied For Not Applicable		
Zip	Country	Zip	Zip Country					8.75 Additional ee Required	
· <u></u>	6. Name and Address of Current	Registered Agent			Name and Address of New Regi				1
				Name					
	ELER, HENRY C INA GROUP, INC.		Street	Street Address (P.O. Box Number is Not Acceptable)					
	ALHAMBRA PLAZA, PH2				<u> </u>				1
	AL GABLES FL 33134		City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Code	e	1
The above named entity submits this statement for the purpose of changing its registere				or registered a	gent, or both, in the State of Florida				1
	•								
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable (NOTE	Registered Agent sign	ature required when	reinstating)	DATE			
			II FEE IS \$150	. 00				_	1
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 Si		550.00	10. Election Campaign Financ Trust Fund Contribution.	ing 🔲		0 May Be I to Fees	
11.	OFFICERS AND	DIRECTORS	12.	A	ADDITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR:	S IN 11	_ [
TITLE	CD	☐ Delete	TITLE				Change	Addition	9
NAME	CODINA, ARMANDO		NAME						2
STREET ADDRESS CITY-ST-ZIP	8323 N.W. 12TH STREET MIAMI FL 33126		STREET ADDRESS CITY-ST-ZIP						١
TITLE	P		TITLE				Change	Addition	19
NAME	STEPNER, STEPHEN A	E Buick	NAME						
STREET ADDRESS	8323 N.W. 12TH STREET		- STREET ADDRESS						}
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	<u> </u>				- Addition	Ϊ_
TITLE	V CORCON FORD	☐ Delete	TITLE NAME		•	. L	Change	☐ Addition	
NAME STREET ADDRESS	Gibson, Ford 8323 N.W. 12th Street		STREET ADDRESS	1					1
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP		•				
TITLE	ST	☐ Delete	TITLE				Change	☐ Addition	1
NAME	BEFELER, HENRY		NAME						
STREET ADDRESS	8323 N.W. 12TH STREET		STREET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33126		CITY-ST-ZIP	-				- Addition	┨
TITLE		☐ Delete	TITLE NAME			L	Change	Addition	
NAME Street address			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	1					
TITLE		☐ Delete	TITLE		-11-		Change	☐ Addition	1
NAME			NAME	1					1
STREET ADDRESS			STREET ADDRESS	•					-
CITY-ST-ZIP			CITY-ST-ZIP		440 07/0//// Fig. 14 St. 14 C			nformation	4
13. I hereby	certify that the information supplied with	this filing does not qualify for	r ine exemption si	aled in Section	n Tra.U/(3)(1), Florida Statutes. I fü a lagal affect as if made under oat	urer certify	y mar me n	or director	Ì

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.

NING OFFICER OR DIRECTOR