

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN 21 AM 9:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 96000000289

1. Entity Name

C.S. International, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2580 SW 189 AV.

3. Mailing Address

2580 SW 189 AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

City & State

MIRAMAR FL

Zip

33029

Country

Broward.

Zip

33029

Country

Broward

**REINSTATEMENT 02-03**  
DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0636586

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Sabatino Campilii

Street Address (P.O. Box Number is Not Acceptable)

2580 SW 189 AV.

City

MIRAMAR

FL

Zip Code

33029

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity signs this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12-27-02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
PRESIDENT  
SABATINO Campilii  
2580 SW 189 AV.  
MIRAMAR FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300009746563  
12/30/02--01100--006 \*\*550.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE-PRESIDENT  
MARTHA CAMPILII  
2580 SW 189 AV.  
MIRAMAR FL 33029

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300009746563  
01/21/03--01079--022 \*\*350.00

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CITY-ST-ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-27-02

CR2E034B (12/01)

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