

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91171 036 ***150.00

DOCUMENT # P96000015529

1. Entity Name
CENERGY MANAGEMENT OPTIONS CORP.

Principal Place of Business

**C/O CARLOS MEDINA
 1588 ZENITH WAY
 WESTON FL 33327**

Mailing Address

**C/O CARLOS MEDINA
 1588 ZENITH WAY
 WESTON FL 33327**



2. Principal Place of Business

1022 DAISY LANE

3. Mailing Address

1022 DAISY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON, FL

City & State

WESTON, FL

4. FEI Number

65-0654123

Applied For

Not Applicable

Zip

Country

33327

Zip

Country

33327

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MEDINA, CARLOS R
 1588 ZENITH WAY
 WESTON FL 33327**

7. Name and Address of New Registered Agent

Name
CARLOS R MEDINA
 Street Address (P.O. Box Number is Not Acceptable)
1022 DAISY LANE
 City **WESTON** FL Zip Code **33327**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	MEDINA, MAGALI R	
STREET ADDRESS	1588 ZENITH WAY	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	S	<input type="checkbox"/> Delete
NAME	MEDINA, ANNA G	
STREET ADDRESS	1588 ZENITH WAY	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	T	<input type="checkbox"/> Delete
NAME	MEDINA, CARLOS F	
STREET ADDRESS	1588 ZENITH WAY	
CITY-ST-ZIP	WESTON FL 33327	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MEDINA, GUSTAVO	
STREET ADDRESS	3332 TORREMOLINDS AVE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1022 DAISY LANE	
CITY-ST-ZIP	WESTON FL 33327	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1022 DAISY LANE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1022 DAISY LANE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1022 DAISY LANE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **CARLOS R MEDINA** **REGISTERED AGENT** **4-29-02** **3892442**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)