

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000041220

1. Entity Name

CORPORATE SERVICES INTERNATIONAL, INC.

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90275 021 \*\*\*150.00

00037530



DO NOT WRITE IN THIS SPACE

Principal Place of Business

350 PALMWOOD LANE  
KEY BISCAYNE FL 33149  
US

Mailing Address

350 PALMWOOD LANE  
KEY BISCAYNE FL 33149  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0665897

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZAMORA, GEORGE S  
3191 CORAL WAY  
THIRD FLOOR  
MIAMI FL 33145

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

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MICHELENA, JUAN A III	
STREET ADDRESS	EDIFICIO TORRE CREDAVAL, 2DA AVENIDA	
CITY-ST-ZIP	CAMPO ALEGRE CARACAS VENEZU	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MICHELENA, JUAN A	
STREET ADDRESS	EDIFICIO TORRE CREDAVAL, 2DA AVENIDA	
CITY-ST-ZIP	CAMPO ALEGRE CARACAS VENEZU	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZERBIB, ELIAS	
STREET ADDRESS	EDIFICIO TORRE CREDAVAL, 2DA AVENIDA	
CITY-ST-ZIP	CAMPO ALEGRE CARACAS VENEZU	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAHN, EMILIO C	
STREET ADDRESS	EDIFICIO TORRE CREDAVAL, 2DA AVENIDA	
CITY-ST-ZIP	CAMPO ALEGRE CARACAS VENEZU	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELFINO, ENRIQUE C	
STREET ADDRESS	EDIFICIO TORRE CREDAVAL, 2DA AVENIDA	
CITY-ST-ZIP	CAMPO ALEGRE CARACAS VENEZU	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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:

*JUAN MICHELENA*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/01 305-324-7092

CR2E034 (10/00)