2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000041220

Entity Name: CORPORATE SERVICES INTERNATIONAL, INC.

FILED Jan 23, 2002 8:00 AM Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|--|----------------------------|---|---|--|--|
| | VOOD LANE YNE, FL 33149 | US | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 350 PALMWOOD LANE KEY BISCAYNE, FL 33149 US | | | | | |
| FEI Number: | 65-0665897 FE | El Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | | |
| ZAMORA, GEORGE S 3191 CORAL WAY THIRD FLOOR MIAMI, FL 33145 US 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: | | | | | |
| | | ignature of Registered Age | | Date | |
| | | sty its intangible Tax filing requ st Fund Contribution (). | uirement and elects to do so (X). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | | te REDIVAL, 2DA AVENIDA ARACAS VENEZU, OC | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | | te REDIVAL, 2DA AVENIDA ARACAS VENEZU, OC | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN A. MICHELENA III PD 01/23/2002