2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000042604** Apr 07, 2000 8:00 am Secretary of State 1. Entity Name COMMERCIAL SERVICES INTERNATIONAL, INC. 04-07-2000 90026 028 ***150.00 Mailing Address Principal Place of Business 1201 NW 65TH PLACE 1201 NW 65TH PLACE FORT LAUDERDALE FL 33309-1942 FORT LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0672363 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 111 SW 3RD STREET SIXTH FLOOR **MIAMI FL 33130** Zip Code FL 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **VPTD** ☐ Change ☐ Addition ☐ Delete TITLE TITLE MCPHAIL, DAVID NAME NAMÉ STREET ADDRESS STREET ADDRESS 1201 NW 65TH PLACE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33309 Change ☐ Addition De'ete TITLE TURNQUEST, LYNN NAME C/O MASCO, CITY BANK BLDG.-2ND FLR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FREEPORT BA [] Change **Addition** Delete TITI F TITLE Géorge Romanenko 1201 NW 65th Place NAME NAME NW 65th Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ft. Landardale. Change **X** Addition ☐ Delete TITLE TITLE April Down Desmond NAME NAME 1201 NW. 65+ Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP Fr. Landerdale, 4L 3330 ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowere

SIGNATURE:

D OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR