2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2001 8:00 am Secretary of State DOCUMENT # P96000042604 1. Entity Name COMMERCIAL SERVICES INTERNATIONAL, INC. 05-16-2001 90184 042 ***150.00 Principal Place of Business Mailing Address 1201 NW 65TH PLACE 1201 NW 65TH PLACE 97259 לעיים FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0672363 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRIS, ELLIOTT Street Address (P.O. Box Number is Not Acceptable) 111 SW 3RD STREET SIXTH FLOOR MIAMI FL 33130 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition **VPTD** Change Delete TITLE TITI E MCPHAIL, DAVID NAME NAME STREET ADDRESS 1201 NW 65TH PLACE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TURNQUEST, LYNN NAME 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 ROMANENKO, GEORGE NAME NAME STREET ADDRESS 1201 NW 65TH PLACE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33-309* CITY-ST-ZIP Delete VΡ ☐ Change ☐ Addition TITLE TITLE DESMOND, APRIL D NAME NAME 1201 NW 65TH PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 empowered.

SIGNATURE: GNATURE AND TYPEDIOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/27/01

954-917-2514

Daytime Phone #