

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90184 020 ***150.00

0168863

DOCUMENT # P97000023068

1. Entity Name

C F S OF MIAMI, CORP.

Principal Place of Business

**407 LINCOLN RD
SUITE 5-B
MIAMI BEACH FL 33139**

Mailing Address

**407 LINCOLN RD
SUITE 5-B
MIAMI BEACH FL 33139**

00035331



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0734643**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRITO, LUIS G
407 LINCOLN RD
SUITE 5-B
MIAMI BEACH FL 33139**

Name **PETERSON, MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)

6361 SUNSET DRIVE

City **MIAMI**

FL

Zip Code **33143**

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 **Michael Peterson**

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

NOTE: Registered Agent signature required when reinstating.

03-28-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS**
NAME **COCHEO-FILETTI, STEFANO** ☐ Delete
STREET ADDRESS **2100 BRICKELL AVE 406**
CITY-ST-ZIP **MIAMI BEACH FL 33129**

TITLE **DPS**
NAME **COCHEO-FILETTI, STEFANO** ☒ Change ☐ Addition
STREET ADDRESS **4510 SW 68 CT CIR, #1**
CITY-ST-ZIP **MIAMI, FLORIDA 33155**

TITLE **DTV**
NAME **MESTRE, SUSANNA** ☐ Delete
STREET ADDRESS **2100 BRICKELL AVE 406**
CITY-ST-ZIP **MIAMI BEACH FL 33129**

TITLE **DTV**
NAME **MESTRE, SUSANNA** ☒ Change ☐ Addition
STREET ADDRESS **4510 SW 68 CT CIR, #1**
CITY-ST-ZIP **MIAMI, FLORIDA 33155**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **SUSANNA MESTRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-01

Date Daytime Phone #

CR2E034 (10/00)