FOR PROFIT CORPORATION FORM BUSINESS REPORT

**DOCUMENT#** P97000047146

## DO NOT WRITE IN THIS SPACE

. Principal Place of Business CSIMartIINC	3. Mailing Address 13700 OakRidgeDV
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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SECHETARY OF STATE TALLAHASSEE, FLORIDA

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City & Stat	ie - FL	City & State		4. FE	El Number 65 o 755 7 &	38	Applied For  Not Applicable	
Zip	25 Broward	Zip	Country		ertificate of Status Desired	\$8.	<b>75</b> Additional Required	
The second resulting	Compared to the control of the contr	7. Nan	7. Name and Address of Current Registered Agent					
Name 🔾 (					1.1 Fidick			
DO NOT WRITE Street			Street A	Address (P.O. Box Numper is Not Acceptable)				
			1.23	13700 Oak Ridge DV				
IN THIS SPACE								
			1. Physical Delice pains	vie		<u> </u>	Zip Code 33325	
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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed hards of requisered agent and fulle if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE								
la	nuary 1 - May 1 Fee is \$150.00		3		1			
	After May 1_Fee is \$550.00				9. Election Campaign Fina	ancing	<b>\$5.00</b> May Be	
	Amended UBR is \$61.25				Trust Fund Contribution	. 🗆	Added to Fees	
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10.	OFFICERS AND D	IRECTORS				enerme contrary	The state of the s	
TITLE	president		TITLE					
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STREET ADDRESS	Maan Bseiso 13700 OokRidge D	r, Davie, tc	STREET ADDRESS	r	<b>5000224</b> ) 8/21/0301054-			
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NAME	Do a midile		NAME		<b>5000224</b>    8721703=-01054=	8487	<b>)</b>	
STREET ADDRESS	Janan Eldick	Lille Flo	STREET ADDRESS		18/21/U3==U1U54=	-013 **8	i. 75	
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TITLE	V. president		TITLE		the state of the s	And Andrew	S. S. Landson	
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12. 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 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034B (12/02)