

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P97000091712**

1. Entity Name

**CSE TECHNOLOGIES, INC.****FILED****Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90033 046 \*\*\*150.00

Principal Place of Business

Mailing Address

**337 PALERMO AVE**  
**CORAL GABLES FL 33134****16501 N.W. 16TH COURT**  
**MIAMI FL 33169-5632**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**10450 N.W. 31 TERRACE**

Suite, Apt. #, etc.

3. Mailing Address

**10450 N.W. 31 TERRACE**

Suite, Apt. #, etc.

City &amp; State

**MIAMI, FL**

City &amp; State

**MIAMI, FL**

4. FEI Number

**65-0789994**

Applied For

Not Applicable

Zip  
**33172**Country  
**U.S.A.**Zip  
**33172**Country  
**U.S.A.**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

**POHUDKA, MIGUEL**  
**337 PALERMO AVE**  
**CORAL GABLES FL 33134**

Name

**POHUDKA, MIGUEL**

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

**10450 N.W. 31 TERRACE**City  
**MIAMI****FL**Zip Code  
**33172**

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)

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, 2000 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b>	TITLE	<b>P</b>
NAME	<b>POHUDKA, MIGUEL</b>	NAME	<b>POHUDKA, MIGUEL</b>
STREET ADDRESS	<b>16501 N.W. 16 COURT</b>	STREET ADDRESS	<b>10450 N.W. 31 TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	CITY-ST-ZIP	<b>MIAMI, FL 33172</b>
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>VPS</b>	TITLE	<b>VP</b>
NAME	<b>SUAREZ, AMANCIO J</b>	NAME	<b>SUAREZ, AMANCIO J.</b>
STREET ADDRESS	<b>16501 N.W. 16 COURT</b>	STREET ADDRESS	<b>10450 N.W. 31 TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL 33169</b>	CITY-ST-ZIP	<b>MIAMI, FL 33172</b>
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/17/00 (305) 468-1450**

C-1034 (9/99)