

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90962 038 ***150.00

DOCUMENT # P97000091712

1. Entity Name
CSE TECHNOLOGIES, INC.



Principal Place of Business
**10450 NW 31 TERR
MIAMI FL 33172
US**

Mailing Address
**10450 NW 31 TERR
MIAMI FL 33172
US**

2. Principal Place of Business
10446 NW 31 TERR.
Suite, Apt. #, etc.

3. Mailing Address
10446 NW 31 TERR
Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0789994**

Applied For
Not Applicable

Zip Country
33172 USA

Zip Country
33172 USA

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

**SUAREZ, JANET
10450 NW 31 TERR
MIAMI FL 33172**

Name

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

City

FL

Zip Code

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **POHUDKA, MIGUEL**
STREET ADDRESS **10450 NW 31 TERR**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SUAREZ, AMANCIO J**
STREET ADDRESS **10450 NW 31 TERR**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TS** ☐ Delete
NAME **SUAREZ, AMANCIO V**
STREET ADDRESS **10450 NW 31 TERRACE**
CITY-ST-ZIP **MIAMI FL 33172**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **SUAREZ, AMANCIO V**
STREET ADDRESS **10446 NW 31 TERRACE**
CITY-ST-ZIP **MIAMI, FLORIDA 33172**

TITLE ☐ Delete
NAME **SUAREZ JANET**
STREET ADDRESS **10446 NW, 31 ST TERR**
CITY-ST-ZIP **MIAMI, FLORIDA 33172**

TITLE ☐ Change ☒ Addition
NAME **T/S**
STREET ADDRESS **SUAREZ JANET**
CITY-ST-ZIP **10446 NW, 31 ST TERR
MIAMI FL 33172**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 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

04/28/2003 305-5295152
Date Daytime Phone #

CR2E034 (10/02)