

# 2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P97000093121

1. Entity Name  
**C & S INTERNATIONAL GROUP, INC.**

Principal Place of Business Mailing Address  
**11440-SW-56-St** **11440-SW-56-St**  
**Miami-F1-33165** **Miami-F1-33165**

FILED  
01 JUN -4 PM 6:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address  
**9745 Miller Drive** **9745 Miller Drive**

Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Miami Florida**

City & State  
**Miami Fl**

4. FEI Number  
**65-0793567**

Applied For  
Not Applicable

Zip Country  
**33165 US**

Zip Country  
**33165 US**

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

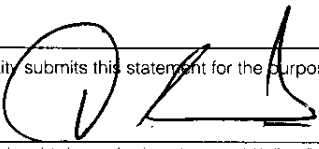
**Carlos Macedo**  
**11440-SW-56-St**  
**Miami-F1-33165**

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

**9745 Miller Drive**

City **Miami** **FL** Zip Code **33165**

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.

**CARLOS MACEDO**  
(NOTE: Registered Agent signature required when reinstating)

**5/29/01**  
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, 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

TITLE **P** ☒ Delete  
NAME **Juan Lequerica**  
STREET ADDRESS **11440 SW 56 St**  
CITY-ST-ZIP **Miami FL 33165**

TITLE **P** ☐ Change ☒ Addition  
NAME **Carlos Macedo**  
STREET ADDRESS **9745 Miller Drive**  
CITY-ST-ZIP **Miami FL 33165**

TITLE **S** ☒ Delete  
NAME **Jaime Leon**  
STREET ADDRESS **11440 SW 56 St**  
CITY-ST-ZIP **Miami FL 33165**

TITLE **S** ☐ Change ☒ Addition  
NAME **Monica Macedo**  
STREET ADDRESS **9745 Miller Drive**  
CITY-ST-ZIP **Miami FL 33165**

TITLE **T** ☒ Delete  
NAME **Monica Rodriguez**  
STREET ADDRESS **11440 SW 56 St**  
CITY-ST-ZIP **Miami FL 33165**

TITLE ☐ Change ☐ Addition  
NAME **200004430072--9**  
STREET ADDRESS **-06/19/01--01075--011**  
CITY-ST-ZIP **\*\*\*\*300.00 \*\*\*\*300.00**

TITLE **201.25-AR** ☐ Delete  
NAME **10.00 - ARAPTS**  
STREET ADDRESS **88.75- ARSUP**  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME **06-01-78**  
STREET ADDRESS  
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CARLOS MACEDO, PRES.** **5/29/01 (305) 412-0829**  
Date Daytime Phone #

CR2E034 (9/99)

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# C & S INTERNATIONAL GROUP, INC.

CONFIDENCE & SECURITY \* CONFIANZA & SEGURIDAD



Miami, May 30, 2001

Florida Department of State  
Division of Corporations  
Uniform Business Report Filings  
P. O. Box 6327  
Tallahassee, FL. 32314

Ref.- UBR  
Reinstatement Section

Gentleman:

Enclosed please find our (UBR) Uniform Business Report, for year 2001, including our check for \$300.00 (Three Hundred and 00/100 Dollars) with our check # 1090, to cover the fees for annual reports of years 2000 and 2001.

The reason for the delay is that during the early months of last year I had a heart attack and I was unable to take care of the business and I let my daughter to help me in doing the paper work along with other members of the family.

I learn that my corporation was dissolve due to a non payment of the annual report true my bank yesterday, in this report we find that maybe one of the reasons for non filing on time was because the address is incorrect and probably we have never received the form to do this report.

I am appealing to you to process this annual report and please accept my apologies for the tardiness, I am also requesting the late fees to be wave due to my temporary incapacity to work and take care of my business personally.

Thank you in advance for your consideration and help to solve this matter, I will be very grateful if my request is granted since this will help me to get back to work.

Sincerely,

9745 MILLER DRIVE, MIAMI FL 33165

Tel. 305/412-0829 \* Fax 305/412-0864

ACCOUNTING - NOTARY PUBLIC