2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name	P98000012498
COLLATERAL SERVICES	S OF AMERICA INC.

FILED
May 24, 2002 8:00 am & Example 24, 2002 8:00 am & Example 24, 2002 91270 039 ***150.00

Agent and Address of Current Registered Agent NEGRON, WILLIAM 15476 NW 77 CT #403 MIAMI FL 33016 City FL Zip of City FL	Applied For Not Applicable Additional uired
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US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State Name Name Negron, William 15476 NW 77 CT #403 MIAMI FL 33016 City FL Signature, hybrid or printer area of city of managicion Tax filing requirement and elects to do so. (See criteria on back) Signature in the state of state of state Particular of the purpose of changing its registered office or registered agent, or both, in the State of Florida. Y/29 Signature, hybrid or printer area decists to do so. After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-2P TITLE Delete TITLE D	Applied For Not Applicable Additional uired
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Fee Rec 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NEGRON, WILLIAM 15476 NW 77 CT #403 MIAMI FL 33016 City FL Zip C City FL Zip C 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, typefor primed name of registered agent ag	Not Applicable Additional uired
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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 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 office of the exemption is the same legal effect.	

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:

305-884-2220