

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90058 023 ***150.00

DOCUMENT # P98000021182
1. Entity Name
CORSAIR GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2 S. Biscayne Blvd. Suite, Apt. #, etc. Suite 3400 City & State Miami, Florida Zip 33131		3. Mailing Address 2 S. Biscayne Blvd. Suite, Apt. #, etc. Suite 3400 City & State Miami, Florida Zip 33131	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0819290	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Valdes-Pauli Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable) 2 S. Biscayne Blvd., Suite 3400
City Miami
State FL
Zip Code 33131

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.
Valdes-Pauli Corporate Services, Inc.

SIGNATURE: *Michael Steven Greene* 4/25/02
Vice President

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT Weithorn, Keith 2 S. Biscayne Blvd., Ste 3400 Miami, Florida 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Keith Weithorn* 4/25/02 (305) 376-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)