

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90121 017 ***150.00

DOCUMENT # P98000083891

1. Entity Name
CSA MARKETING INC.

Principal Place of Business

**4965 S.W. 74TH COURT
 MIAMI FL 33155**

Mailing Address

**4965 S.W. 74TH COURT
 MIAMI FL 33155**

2. Principal Place of Business

4921 S.W. 74th Court

3. Mailing Address

4921 S.W. 74th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL 8

City & State

MIAMI FL

Zip

33155

Country

U.S.

Zip

33155

Country

4. FEI Number

65-0534282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MESTRIL, FERNANDO
 9271 S.W. 76TH STREET
 MIAMI FL 33173**

7. Name and Address of New Registered Agent

Name **JORGE L FUSTE**

Street Address (P.O. Box Number is Not Acceptable)
9800 SW 119 St

City **MIAMI**

FL

Zip Code **33176**

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, 2002 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

TITLE **VD** ☐ Delete
 NAME **MESTRIL, FERNANDO**
 STREET ADDRESS **9271 S.W. 76TH ST.**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **PD** ☐ Delete
 NAME **MESTRIL, MARTHA**
 STREET ADDRESS **9271 S.W. 76TH ST.**
 CITY-ST-ZIP **MIAMI FL 33173**

TITLE **VD** ☐ Delete
 NAME **FUSTE, NANNETTE**
 STREET ADDRESS **8600 SW 42 STREET**
 CITY-ST-ZIP **MIAMI FL 33155**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Change ☒ Addition
 NAME **JORGE L FUSTE**
 STREET ADDRESS **9800 SW 119 Street**
 CITY-ST-ZIP **MIAMI, FL 33176**

TITLE **VD** ☐ Change ☒ Addition
 NAME **MARILETTA FUSTE**
 STREET ADDRESS **8630 SW 42 Street**
 CITY-ST-ZIP **MIAMI, FL 33155**

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

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

TITLE ☐ Change ☐ Addition
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)