

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000089178

1. Entity Name

COMMUNICATION STRATEGIES INTERNATIONAL, INC.

**FILED**  
**Sep 11, 2000 8:00 am**  
**Secretary of State**

09-11-2000 90060 029 \*\*\*550.00

Principal Place of Business

~~2200 WINTER SPRINGS BLVD. SUITE 106~~  
~~OVIEDO FL 32765-9344~~

1225 OXBOW LANE  
 WINTER SPRINGS, FL 32708

Mailing Address

#286  
 2200 WINTER SPRINGS BLVD. SUITE 106  
 OVIEDO FL 32765-9344

2. Principal Place of Business

1225 OXBOW LANE

Suite, Apt. #, etc.  
 WINTER SPRINGS

City & State  
 FLORIDA

Zip  
 32708

Country

3. Mailing Address

#286

Suite, Apt. #, etc.  
 2200 WINTER SPRINGS

City & State  
 BLVD, SUITE 106, OVIEDO

Zip  
 32765

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3542718

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

A.G.C. CO.  
 200 S. ORANGE AVE. STE. 2300  
 ORLANDO FL

7. Name and Address of New Registered Agent

Name  
 RANA TIWARI  
 Street Address (P.O. Box Number is Not Acceptable)  
 1225 OXBOW LANE

City WINTER SPRINGS FL Zip Code 32708

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 Rana Tiwari RANA TIWARI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/31/2000  
 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PD  
 NAME TIWARI, RANA  
 STREET ADDRESS STE 106-286 2200 WINTER SPRING BLVD  
 CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: SIXA TAWI TIWARI RANA TIWARI, PRES, 8/31/00 (407) 977-7779  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)