

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000009584

1. Entity Name

C B S FINANCIAL, C.P.A., P.A.

FILED
Jun 22, 2000 8:00 am
Secretary of State

06-22-2000 90001 013 ***150.00

Principal Place of Business

Mailing Address

5440 N. STATE ROAD 7
 SUITE #211
 FT. LAUDERDALE FL 33319

5440 N. STATE ROAD 7
 SUITE #211
 FT. LAUDERDALE FL 33319-2335

2. Principal Place of Business

3. Mailing Address

6209 W Commercial Bldg
 Suite, Apt. #, etc.
 7
 City & State
 Fort Land FL
 Zip
 33319 Country
 Broward

6209 W Commercial Bldg
 Suite, Apt. #, etc.
 7
 City & State
 Fort Land FL
 Zip
 33319 Country
 Broward

6. Name and Address of Current Registered Agent

ESCOBAR, LUIS A JR.
 5440 N. STATE ROAD 7
 SUITE #211
 FT. LAUDERDALE FL 33319

4. FEI Number

65-0890832

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75. Additional
 Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 of Agent or Director of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/2000

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

TITLE	OWNER	Delete
NAME	Luis A Escobar, Jr CPA	
STREET ADDRESS	3410 NW 21 Street	
CITY-ST-ZIP	Coconut Creek FL 33066	
TITLE	PVP-S-T	Delete
NAME	Luis Escobar Jr CPA	
STREET ADDRESS	3410 NW 21 Street	
CITY-ST-ZIP	Coconut Creek FL 33066	
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	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 AND TITLE OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/2000

954
 724-4141

CR2E034 (9/99)