2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042375

FILED
May 09, 2000 8:00 am
Secretary of State
05-09-2000 90133 003 ***150.00

1. Entity Name
C & S FLORIDA ENTERPRISES, CORP.

Principal Place of Business
1016 SW 12TH Ct.
MIAMI, FL 33135

Mailing Address
SAME

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0918382 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BLADIMIR CARDENAS
1016 SW 12TH CT.
MIAMI, FL 33135

7. Name and Address of New Registered Agent
Name: JE OYARCE & ASSOCIATES
Street Address (P.O. Box Number is Not Acceptable): 199 SW 12TH AVENUE, SUITE 11
City: MIAMI FL Zip Code: 33130-1056

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 JORGE E. OYARCE 4/19/00
(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, 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	PS	☐ Delete
NAME	BLADIMIR CARDENAS	
STREET ADDRESS	1016 SW 12TH CT.	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE	VPT	☐ Delete
NAME	LUIS M SOTO	
STREET ADDRESS	1016 SW 12TH CT.	
CITY-ST-ZIP	MIAMI, FL 33135	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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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		
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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: BLADIMIR CARDENAS PRESIDENT 4/18/00 305-845-5914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #