

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000042375

1. Entity Name

C & S FLORIDA ENTERPRISES, CORP.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90133 003 ***150.00

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

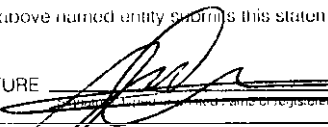
4. FEI Number 65-0918382
☐ Applied For
☐ Not Applied For

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 DATE 4/19/00
(NOTE: Registered Agent signature required when reinstating)

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

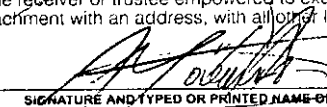
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State.

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

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