

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000042375****1. Entity Name**
C & S FLORIDA ENTERPRISES, CORP.**Principal Place of Business****1016 SW 12 CT.
MIAMI FL 33135****Mailing Address****1016 SW 12 CT.
MIAMI FL 33135****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent**JE OYARCE & ASSOCIATES
199 SW 12TH AVE, SUITE 11
MIAMI FL 33130****4. FEI Number**
65-0918382Applied 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, 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** ☐ **\$5.00 May Be
Trust Fund Contribution. Added to Fees****11. OFFICERS AND DIRECTORS****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
CARDENAS, BLADMIR
1016 SE 12TH CT
MIAMI FL 33135 ☐ Delete**TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
VPT
SOTO, LUIS M
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** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition**NAME**
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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:** **BLADMIR CARDENAS, PRESIDENT** **4/22/02** **305-324-2248**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #**FILED**
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90900 003 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)