

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90133 035 ***150.00

DOCUMENT #	P99000042375
1. Entity Name	
C&S FLORIDA ENTERPRISES, CORP.	

DO NOT WRITE IN THIS SPACE

11029614

2. Principal Place of Business		3. Mailing Address	
1016 SW 12TH CT.		1016 SW 12TH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MIAMI, FL		MIAMI-FLORIDA	
Zip	Country	Zip	Country
33135	USA	33135	USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		4. FEI Number		Applied For
		65-0918382		Not Applicable
		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
		7. Name and Address of Current Registered Agent		
		Name		
		CARDENAS, BLADIMIR		
		Street Address (P.O. Box Number is Not Acceptable)		
		1016 SW 12TH AVENUE		
		City	FL	Zip Code
		MIAMI		33135

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **BLADIMIR CARDENAS** **5/25/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	CARDENAS, BLADIMIR
STREET ADDRESS	1016 SW 12TH AVENUE
CITY-ST-ZIP	MIAMI-FL 33135
TITLE	DVPT
NAME	SOTO, LUIS M
STREET ADDRESS	1016 SE 12TH AVENUE
CITY-ST-ZIP	MIAMI-FLORIDA 33135
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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11.

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **BLADIMIR CARDENAS, PRESIDENT** **5/25/2003** **305-854-5914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #