

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90238 011 ***150.00

DOCUMENT # **P99000047773** ✓
1. Entity Name **CONTROL AND COMMUNICATION
SYSTEMS INTEGRATORS - CCSI
CORP.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10925 N.W. 27 ST.
Suite, Apt. #, etc.
201

3. Mailing Address

40 ANCLA INTL 10925
Suite, Apt. #, etc.
N.W. 27 ST Suite 201

DO NOT WRITE IN THIS SPACE

City & State

MIAMI

City & State

MIAMI

4. FEI Number

65-0922748

Applied For

Not Applicable

Zip

F1 33172

Country

33172

Zip

33172

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PATRICIA REGINA

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

10925 N.W. 27 ST. Suite 201

City

MIAMI

FL

Zip Code

33172

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)

04/22/02
DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

Presid.
CARLOS E. MARTINEZ
10925 N.W. 27 ST. Suite 201
MIAMI - FL 33172

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice President
MARIA A. SANCHEZ
10925 N.W. 27 ST. Suite 201
MIAMI - FL 33172

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305 463 9270