

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90444 048 \*\*\*150.00

0205926 AV

**DOCUMENT # P99000082565**

1. Entity Name  
**CDS CORP.**



Principal Place of Business  
**153 SEVILLA AVENUE  
CORAL GABLES FL 33134**

Mailing Address  
**PO BOX 140668  
CORAL GABLES FL 33114-0668**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0987554**

Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**M.J.F. REGISTERED AGENT CORP.  
153 SEVILLA AVENUE  
CORAL GABLES FL 33134**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FREEMAN, MICHAEL J</b>
STREET ADDRESS	<b>PO BOX 140668</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33114-0668</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete
NAME	<del><b>GARDENER, RYAN</b></del>
STREET ADDRESS	<del><b>153 SEVILLA AVENUE</b></del>
CITY-ST-ZIP	<del><b>CORAL SPRINGS FL 33134</b></del>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J Freeman* **Director** 2/7/03 305 4421567

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/0/02)

*Attachment*  
Law Offices  
MICHAEL J. FREEMAN, P.A.

80088452

153 Sevilla Avenue  
Coral Gables, Florida 33134-6006

P.O. Box 14066  
Coral Gables, Florida 33114-0668

Tel. (305) 442-1567  
Tel. (305) 442-1227

April 16, 2003

Secretary of State  
Uniform Businesses Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: Figueras Seating USA, Inc.  
Document # P99000082565

Gentlemen:

Enclosed please find the following documents for the above corporation:

1. Executed 2003 Uniform Business Report;
2. Check #2374 in the amount of \$150.00 representing the filing fee.

Thank you in advance for your prompt attention to this matter.

Very truly yours,

  
MICHAEL J. FREEMAN

MJF:lc