

2003

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED


03 JAN 14 AM 10:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

400010380964
01/21/03--01028--020 **158.75

DOCUMENT # **P 99 000092329**

1. Entity Name
C-G of South Florida, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6865 NW 36 AV

3. Mailing Address
6865 NW 36 AV

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33147

Country

4. FEI Number
65-0958155

Applied For
 Not Applicable

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

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7. Name and Address of Current Registered Agent

Name
MATAS RAQUEL M

Street Address (P.O. Box Number is Not Acceptable)
4000 International Place

100 S.E. 2nd ST

City
Miami

FL Zip Code
33131

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 _____

FEE IS \$61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT Carmendia MAGALY B 8435 S.W. 81 Terrace MIAMI, FL. 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. CORNELIUS Frank 14120 S.W. 24 ST FORT LAUDERDALE, FL. 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Carmendia MAGALY 14120 S.W. 24 ST FORT LAUDERDALE FL 33305
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DO NOT WRITE IN THIS SPACE

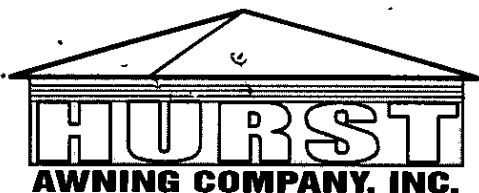
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE 

DATE **1/7/03**

Telephone Number **(305) 635-0908**

CR2E037B (12/02)



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New Product Line for the 21st Century

JANUARY 7, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

RE: CG OF SOUTH OF FLORIDA INC. ANNUAL REPORT/
UNIFORM BUSINESS REPORT 2003. DOCUMENT P990000
92329.

AT WHOM IT MAY CONCERN:

IN REGARD YOUR LETTER DATED 12/24/02
AND RECEIVED BY US ON JANUARY 6, 2003
I AM SENDING BACK THE 2002 REPORT WITH
THE CORRECTION YOU MENTION TO US (NAME
OF REGISTERED AGENT).
BESIDE YOU SUGGEST US THAT HAVE TO SENT
THE PAYMENT FOR 2003 REPORT WICH I AM INCLU-
DING WITH THE CHECK # 2159.

WHEN EVERYTHING IS READY PLEASE SENT TO US
CERTIFICATE FOR YEAR 2002 AND 2003.

IF YOU MAY HAVE ANY QUESTIONS OR CONCERNS
PLEASE FEEL FREE TO CONTACT ME AT (305) 635-0900.
I WILL APPRECIATE ALL YOUR HELP CONCERNING
THIS MATTER.

SINCERELY


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