

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90912 040 ***150.00

DOCUMENT # F00000006034

1. Entity Name
CBA PROPERTY MANAGEMENT, INC.

Principal Place of Business 11050 SANTA MONICA BLVD., #150 LOS ANGELES CA 90025-3594	Mailing Address 11050 SANTA MONICA BLVD., #150 LOS ANGELES CA 90025-3594
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2. Principal Place of Business 10933 Wellworth Suite, Apt. #, etc. #6 City & State Los Angeles, CA Zip 90024 Country USA	3. Mailing Address 10933 Wellworth Ave Suite, Apt. #, etc. #6 City & State Los Angeles, CA Zip 90024 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4324075	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required -

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEUKAMM, MICHAEL E
301 E. PINE STREET, SUITE 1400
ORLANDO FL 32801

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BAKER, CONRAD C <input type="checkbox"/> Delete 11050 SANTA MONICA BLVD., #150 LOS ANGELES CA 90025-3594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Baker, Conrad C 10933 Wellworth Ave., #6 Los Angeles, CA 90024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Delete BAKER, CONRAD C 11050 SANTA MONICA BLVD., #150 LOS ANGELES CA 90025-3594	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Baker, Conrad C 10933 Wellworth Ave., #6 Los Angeles, CA 90024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/30/01** Daytime Phone # **(310) 445-2500 x 105**

CR2E034 (10/00)