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

F67227 DOCUMENT # 03 OCT 17 PM 3:29 1. Entity Name CSM ASSOCIATES, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O ESTHER S. LEVOW C/O ESTHER S. LEVOW 3650 NE 4TH AVENUE 3650 NE 4TH AVENUE **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address ARCOTTA TITCE OF SANTE Suite, Apt, #, etc. Suite, Apt. #, etc. City & State City & State Applied For **NOT APPLICABLE** Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEVOW, ESTHER S. Street Address (P.O. Box Number is Not Acceptable) 3850 NE 4TH AVENUE BOCA RATON FL 33431 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 Signature, typed or printed name of registered agent and title if soplicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE Oelete TITLE ☐ Change ☐ Addition LEVOW, ESTHER S NAME NAME 3650 N E 4TH AVE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 00000 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CMY-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.

07/07/03 51391.7347

SIGNATURE:

CITY-ST-ZIP



3650 N. E. Fourth Avenue Boca Raton, Florida 33431 Phone: (561) 391-7347. FAX: (561) 368-0002 October 13, 2003

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madame,

I just received a notice of Administrative Dissolution, Document # F67227, for CSM Associates, Inc. I do not understand and I protest this action. On April 20, 2003, I visited the Division of Corporations web site, filed my UBR (tracking number 800016358488,) and paid my registration fee. Some time later, I observed that the payment had not been posted to my account. I contacted the Division of Corporations and was advised to mail a check for the registration fee. As an accommodation for the problem with the web site payment, I was told that I would not be subject to the late fee. A copy of the cleared check is enclosed.

Since the report was filed and the fee paid, I do not understand why you have dissolved the corporation and I request that you rescind this action.

Thank you.

Sincerely,

Esther S. Levow

President

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