

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90200 004 ****61.25

DOCUMENT # NO1000001848

1. Entity Name

CMB VISIONS UNLIMITED, INC.

Principal Place of Business

Mailing Address

11625 S. W 142ND TERR.
 MIAMI FL 33176

11625 S. W 142ND TERR.
 MIAMI FL 33176

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1090966

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURGESS, CHANDRA M
11625 S. W 142ND TERR.
MIAMI FL 33176

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.

SIGNATURE

Chandra M. Burgess
 Chandra M. Burgess

4-15-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BURGESS, CHANDRA M | |
| STREET ADDRESS | 11625 S. W 142ND TERR. | |
| CITY-ST-ZIP | MIAMI FL 33176 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | WILEY, LUSHARON | |
| STREET ADDRESS | 4255 BOWWAY DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LAYNE, EDDIE M | |
| STREET ADDRESS | 314 E. GADSEN ST | |
| CITY-ST-ZIP | PENSACOLA FL 32501 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BURGESS, SAMUEL M | |
| STREET ADDRESS | 202 FAIRFAX DRIVE | |
| CITY-ST-ZIP | PENSACOLA FL 32503 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>Bridget Moore</i> | |
| STREET ADDRESS | <i>12551 SW 204 Terrace</i> | |
| CITY-ST-ZIP | <i>Miami, FL 33177</i> | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <i>D Peterson, Guendalene</i> | |
| STREET ADDRESS | <i>202 Fairfax Drive</i> | |
| CITY-ST-ZIP | <i>Pensacola, FL 32503</i> | |
| 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 617, 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:

Chandra M. Burgess
 Chandra M. Burgess

4/15/02 (35)235-0305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/01)