

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001848

FILED
Apr 30, 2003
Secretary of State

Entity Name: CMB VISIONS UNLIMITED, INC.

Current Principal Place of Business:

11625 S. W 142ND TERR.
MIAMI, FL 33176

New Principal Place of Business:

11930 S.W. 187TH TERRACE
MIAMI, FL 33177

Current Mailing Address:

11625 S. W 142ND TERR.
MIAMI, FL 33176

New Mailing Address:

11930 S.W. 187TH TERRACE
MIAMI, FL 33177

FEI Number: 65-1090966

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BURGESS, CHANDRA M
11930 S.W. 187TH TERRACE
MIAMI, FL 33177 US

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:

04/30/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BURGESS, CHANDRA M
Address: 11625 S. W 142ND TERR.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: MOORE, BRIDGET
Address: 12551 SW 204 TERRACE
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: LAYNE, EDDIE M
Address: 314 E. GADSEN ST
City-St-Zip: PENSACOLA, FL 32501

Title: D () Delete
Name: PETERSON, GUENDALINE
Address: 202 FAIRFAX DRIVE
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHANDRA BURGESS

D

04/30/2003

Electronic Signature of Signing Officer or Director

Date