

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90031 004 ***150.00

DOCUMENT # P00000091219
 1. Entity Name
C & M OF PALM BEACH INC.

Principal Place of Business Mailing Address
3601 S. Dixie Highway **c/o J. Hernandez**
West Palm Beach, Fl. **1150 N.W. 72nd Ave. #555**
33405 **Miami, Fl. 33126**

A0049547

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-1043153 Not Applicable

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

6. Name and Address of Current Registered Agent
Michael Melendez
2210 Amesburt Court
Wellington, Fl. 33414

7. Name and Address of New Registered Agent
 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 Michael Melendez 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

TITLE	D/P	<input type="checkbox"/> Delete
NAME	Michael Melendez	
STREET ADDRESS	2210 Amesbury Ct.	
CITY-ST-ZIP	Wellington, Fl. 33414	
TITLE	D/T	<input type="checkbox"/> Delete
NAME	Niorka L. Cedano	
STREET ADDRESS	711 Forest Club Dr.	
CITY-ST-ZIP	Wellington, Fl. 33414	
TITLE	D/VP	<input type="checkbox"/> Delete
NAME	Elvis F. Cedano	
STREET ADDRESS	711 Forest Club Dr.	
CITY-ST-ZIP	Wellington, Fl. 33414	
TITLE	D/S	<input type="checkbox"/> Delete
NAME	Dismery Rodriguez	
STREET ADDRESS	2210 Amesbury Ct.	
CITY-ST-ZIP	Wellington, Fl. 33414	
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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Michael Melendez **Michael Melendez** 4/05/01 561-835-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)