

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90723 043 ***150.00

DOCUMENT # P01000034149

1. Entity Name

CBM REAL ESTATE CORPORATION

Principal Place of Business

**6767 COLLINS AVENUE SUITE 2008
 MIAMI BEACH FL 33141**

Mailing Address

**6767 COLLINS AVENUE SUITE 2008
 MIAMI BEACH FL 33141**

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

65-1091514

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

YOUNG, DAVID V

**6767 COLLINS AVENUE SUITE 2008
 MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

Name **Barbara Miramontes**

Street Address (P.O. Box Number is Not Acceptable)
**6767 Collins Avenue
 #2008**

City **Miami Beach** **FL** Zip Code **33141**

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]

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

(NOTE: Registered Agent signature required when reinstating)

01-25-02

DATE

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRAMONTES, CARLOS 6767 COLLINS AVENUE SUITE 2008 MIAMI BEACH FL 33141 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIRAMONTES, BARBARA 6767 COLLINS AVENUE SUITE 2008 MIAMI BEACH FL 33141 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, DAVID V 1103 180 AVENUE PEMBROKE PINES FL 33029 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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

01-25-02 305-604-1435

Date

Daytime Phone #

CR2E034 (9/01)