2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90150 034 ***150.00

DOCUMENT # P01000034149

1. Entity Name
CBM REAL ESTATE CORPORATION

Principal Place of Business	Mailing Address
6767 COLLINS AVENUE SUITE 2008	6767 COLLINS AVENUE SUITE 2008
MIAMI BEACH FL 33141	MIAMI BEACH FL 33141

2. Principal Place of Business		3. Mailing Address	
6767 COLLINS AVE		6767 COLLINS AV	
Suite, Apt. #, etc.: 2200		Suite, Apt. #, etc.: 2200	
City & State: MIAMI BEACH, FL		City & State: MIAMI BEACH, FL	
Zip: 33141	Country: DADE	Zip: 33141	Country: DADE

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1091514 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MIRAMONTES, BARBARA
6767 COLLINS AVENUE SUITE 2008
MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

Name: MIRAMONTES BARBARA
Street Address (P.O. Box Number is Not Acceptable): 6767 COLLINS AVE #2200
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] DATE 1.14.03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE	PD	☑ Change ☐ Addition
NAME	MIRAMONTES, CARLOS		NAME	MIRAMONTES CARLOS	
STREET ADDRESS	6767 COLLINS AVENUE SUITE 2008		STREET ADDRESS	6767 COLLINS AV #2200	
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	SD	☐ Delete	TITLE	SD + VP	☑ Change ☐ Addition
NAME	MIRAMONTES, BARBARA		NAME	MIRAMONTES BARBARA	
STREET ADDRESS	6767 COLLINS AVENUE SUITE 2008		STREET ADDRESS	6767 COLLINS AVE #2200	
CITY-ST-ZIP	MIAMI BEACH FL 33141		CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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.

SIGNATURE: [signature] B. MIRAMONTES. 1.14.03 3058667964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)