

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90190 013 ***150.00

DOCUMENT # P94000073815

1. Entity Name
CMS REAL ESTATE, INC.

Principal Place of Business Mailing Address
 2983 N POWERLINE RD 2983 N POWERLINE RD
 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-1011
 US US

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1072A E. Newport Center Dr **1072A E. Newport CTR DR**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Deerfield Bch, FL **Deerfield Bch, FL**
 Zip Country Zip Country
33442 **US** **33442** **US**

4. FEI Number Applied For
65-0523935 Not Applicable

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

6. Name and Address of Current Registered Agent
ELLMAN, ED
2983 N POWERLINE RD
POMPANO BEACH FL 33069

7. Name and Address of New Registered Agent
 Name **Ellman, Ed**
 Street Address (P.O. Box Number is Not Acceptable)
1072A E. NEWPORT CTR DR
 City **Deerfield Bch** State **FL** Zip Code **33442**

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 DATE **4-7-00**
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, 2000 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	P <input type="checkbox"/> Delete
NAME	ELLMAN, EDWARD
STREET ADDRESS	2210 S.W. 12TH PLACE
CITY-ST-ZIP	BOCA RATON FL 33486
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ellman, Edward
STREET ADDRESS	18262 Daybreak DR
CITY-ST-ZIP	Boca Raton, FL 33496
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	
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	
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: DATE **4-7-00** Daytime Phone # **954-978-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (9/99)