

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 605125

1. Entity Name

CUNNINGHAM & RASKIN, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 PM 4:03

Principal Place of Business

7710 NW 71ST COURT
STE 101
TAMARAC FL 33321
US

Mailing Address

7710 NW 71ST COURT
STE 101
TAMARAC FL 33321
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number

59-1529407

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAFIA, DANIEL
7710 N. W. 71 COURT
SUITE 101
TAMARAC FL 33321

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

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

(NOTE: Registered Agent signature required when reinstating)

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 \$560.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAFIA, DANIEL
7710 N. W. 71ST COURT
TAMARAC FL 33321

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
AYERS, MELISSA
7710 N.W. 71ST COURT
TAMARAC FL 33321

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CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/00

561-333-6103

Daytime Phone #

CR2E034 (5/00)