

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

02-20-2001 90082 047 ***150.00

DOCUMENT # F00000006587

1. Entity Name

C.P.M. CONSTRUCTION MANAGEMENT INC.

FEI # 52-2059565

Principal Place of Business

**30 OLD RUDNICK LANE
DOVER DE 19901**

Mailing Address

**2204 SE MONTROSE LANE
PORT ST LUCIE FL 34952**

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

F0000000 6587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BIELE, ARLENE
2204 SE MONTROSE LANE
PORT ST LUCIE FL 34952**

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

Arlene Biele

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

(NOTE: Registered Agent signature required when reinstating)

2/15/01

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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
BIELE, ARLENE
2204 SE MONTROSE LANE
PORT ST LUCIE FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

ARLENE BIELE *Arlene Biele*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/15/01

Daytime Phone #

FEI # 52-2059565

CR2E034 (10/00)

Attachment
9588

CPM Construction Mgmt. inc.
2204 SE Montrose Ln
Port St. Lucie, Fl 34952

HF00000006587 July 6, 2001

As per telephone conversation, I am sending proof of cancelled
Check and uniform business report, that was filed on Feb. 15,
2001. Thank you for you help in this matter.

Sincerely

Arlene Biele

Arlene Biele

CPM CONSTRUCTION MGMT., INC.

719204 1023

Pay to the
order of

Dept of State
One Hundred Fifty

Bank of America



Date

2/15/01

\$ *150.00*

Dollars



For *F0000006587*

⑈00⑈02⑈3⑈

⑈063000047⑈

003445637378⑈

⑈00000015000⑈

Attachment 9588

#F00000006587

83-4830 FL
1984

#F000000657

