

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90020 037 ***158.75

DOCUMENT # F96000002952

1. Entity Name

COLORADO CMC GROUP, INC.

Principal Place of Business

Mailing Address

12850 E. CONTROL TOWER RD., BOX J5
 ENGLEWOOD CO 80112

12850 E. CONTROL TOWER RD., BOX J5
 ENGLEWOOD CO 80112-4518

608964



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2450 S. Downing St.

3. Mailing Address

2450 S. Downing St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Denver, Colorado

City & State

Denver, Colorado

Zip

80210

Country

USA

Zip

80210

Country

USA

4. FEI Number

84-1314984

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

LOSEY, RALPH C
SUBIN, SHAMS, ROSENBLUTH & MORAN, P.A.
111 NORTH ORANGE AVENUE, SUITE 900
ORLANDO FL 32801-2373

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 \$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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENES, RICHARD L	NAME	
STREET ADDRESS	12 BLACKMER ROAD	STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO 80110	CITY-ST-ZIP	
TITLE	WVC	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENES, CRAIG R	NAME	
STREET ADDRESS	515 LAFAYETTE	STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80218	CITY-ST-ZIP	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENES, GRAHAM T	NAME	
STREET ADDRESS	1309 S. GAYLORD	STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80210	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/00

Date

303-741-4500

Daytime Phone #