

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001867

1. Entity Name

CM INTERNATIONAL SHOPPES II, INC.

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

02-01-2000 90130 036 ***150.00

Principal Place of Business	Mailing Address
11200 ROCKVILLE PIKE ROCKVILLE MD 20852	ATTN: JULIE WHITE 11200 ROCKVILLE PIKE, 5TH FL ROCKVILLE MD 20852-3154 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	52-2092235	Applied For
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 ROCKVILLE MD 20852	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.

~~NEW YORK DEAD B~~

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	
TITLE	DC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOCKSER, WILLIAM B	NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLOUGHBY, H. W	NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZZARA, CYNTHIA O	NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, BRIAN L	NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, DOUGLAS L	NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IANNARONE, DAVID B	NAME	
STREET ADDRESS	11200 ROCKVILLE PIKE	STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD 20852	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:

RECEIVED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. IANNARONE

1/24/00

Date

301-468-3160

Daytime Phone #