

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

01-26-2001 90088 017 ***150.00

DOCUMENT # H68826

1. Entity Name

CORNELL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

7807 BRIDLINGTON DR
 BOYNTON BCH FL 33437
 US

7807 BRIDLINGTON DR
 BOYNTON BCH FL 33437
 US

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

59-2623031

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

REYNOLDS, RICHARD J.
7807 BRIDLINGTON DR
33YNTON BCH FL 33437

Name

MURIEL REYNOLDS

Street Address (P.O. Box Number is Not Acceptable)

7807 BRIDLINGTON DRIVE

City

BOYNTON BEACH

FL

Zip Code

33437

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

MURIEL REYNOLDS

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

Muriel Reynolds

(NOTE: Registered Agent signature required when registering)

2/8/01

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	PD	<input type="checkbox"/> Delete
NAME	REYNOLDS, MURIEL	
STREET ADDRESS	7807 BRIDLINGTON DR	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, RICHARD J.	
STREET ADDRESS	7807 BRIDLINGTON DR DECEASED	
CITY-ST-ZIP	BOYNTON BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Muriel Reynolds - **MURIEL REYNOLDS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/01

Daytime Phone #

561-738-6787

CR2E034 (10/00)