2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K08193

1. Entity Name

CONSOLIDATED COMMUNITY MANAGEMENT, INC.

FILED
00 JUN 26 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000609100214--009 $150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7686 WILES RD. CORAL SPRINGS FL 33067	7686 WILES RD. CORAL SPRINGS FL 33067-2069

2. Principal Place of Business	3. Mailing Address
10034 W McNAB Rd	10034 W McNAB Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac	City & State: Tamarac
Zip: 33321 Country: Broward	Zip: 33321 Country: B

4. FEI Number: 65-0290931 ☐ 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
MILES, JAMES R. 7686 WILES RD. CORAL SPRINGS FL 33067	Name Street Address (P.O. Box Number is Not Acceptable): 10034 W McNAB Rd City: Tamarac FL Zip Code: 33321

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: James Miles DATE:
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MILES, MARIA 7686 WILES RD. CORAL SPRINGS FL 33067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD MILES, JAMES 7686 WILES RD. CORAL SPRINGS FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/U/S/T/O ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: James Miles REQUIRED — 4-26-2000 — 954-341-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #