

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 10 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

12 35176

CUSTOMER MANAGEMENT GROUP, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10 RICHARD LOTHARIUS

3. Mailing Address

Suite, Apt. #, etc.

7750 MINDELLO ST

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL

City & State

Zip

33143

Country

Zip

Country

4. FEI Number

59-2917891

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ALAIN DE GRELLE

Street Address (P.O. Box Numbers Not Acceptable)

176 W. MASHITA DR

City

KEY BISCAYNE

FL

Zip

33149

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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)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE PD
NAME FELIPE A. CUSTER
STREET ADDRESS 7750 MINDELLO ST
CITY - ST - ZIP CORAL GABLES, FL 33143

TITLE SECY
NAME ALAIN DE GRELLE
STREET ADDRESS 176 W. MASHITA DR
CITY - ST - ZIP KEY BISCAYNE, FL 33149

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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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAIN DE GRELLE

Date

3/27/02

Daytime Phone #

CR2E0348 (12/01)