

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State
 06-15-2001 90616 002 ***550.00

DOCUMENT # K72524

1. Entity Name

CARDINAL CAPITAL MANAGEMENT, INC.

Principal Place of Business

Mailing Address

800 DOUGLAS RD. SUITE 340
 CORAL GABLES FL 33134

800 DOUGLAS RD. SUITE 340
 CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

1101 Brickell Ave

1101 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#501

#501

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

65-0104569

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

SMITH, HERSEL F. JR.
 800 DOUGLAS RD. SUITE 340
 CORAL GABLES FL 33134

Name - Hershel F. Smith Jr.

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

1101 Brickell Ave

#501

City

Miami

FL

Zip Code

33131

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)

Hershel F. Smith Jr. 6/6/01

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	VSD	<input type="checkbox"/> Delete
NAME	SWEENEY, CHRISTOPHER	
STREET ADDRESS	800 DOUGLAS RD. SUITE 340	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH JR., H.F.	
STREET ADDRESS	15800 S.W. 288TH ST.	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROSS, GARY	
STREET ADDRESS	800 DOUGLAS RD. SUITE 340	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PFENNIGER, RICHARD	
STREET ADDRESS	800 DOUGLAS RD. SUITE 340	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, FERNANDO	
STREET ADDRESS	800 DOUGLAS RD. SUITE 340	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ESEOBIO, ROBERT	
STREET ADDRESS	800 DOUGLAS RD. SUITE 340	
CITY-ST-ZIP	CORAL GABLES FL 33134	

TITLE	VSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sweeney Christopher	
STREET ADDRESS	1101 Brickell Ave #501	
CITY-ST-ZIP	Miami FL 33131	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Hershel	
STREET ADDRESS	1101 Brickell Ave	
CITY-ST-ZIP	Miami FL 33131	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kaweske, John	
STREET ADDRESS	1101 Brickell Ave, #501	
CITY-ST-ZIP	Miami FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Hershel F. Smith Jr. 6/6/01

305-444-4403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #