## 2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

## May 22, 2002 8:00 am<sup>§</sup> Secretary of State DOCUMENT # M0100002451 1. Entity Name 05-22-2002 90212 022 \*\*\*\*55.00 CMC VENTURE, LLC Principal Place of Business Mailing Address 282 BARNARD AVENUE 282 BARNARD AVENUE 966130 SAN JOSE CA 95125 SAN JOSE CA 95125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 77-0470618 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAYHUGH, CHARLES E JR. Street Address (P.O. Box Number is Not Acceptable) 1950 COURTNEY DR., SUITE 207 FORT MYERS FL 33901 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE (9/01) ☐ Delete ☐ Addition Change CARCIONE, AUGUSTINO SR. NAME NAME 282 BARNARD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN JOSE CA 95125 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS .CITY\_ST\_ZIP\_\_ CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 5 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

**FILED** 

MANAGER. OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.