

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90096 033 ***158.75

DOCUMENT # M09835

1. Entity Name

CMI INTERNATIONAL, INC.

Principal Place of Business

6161 BLUE LAGOON DR
 STE 420
 MIAMI FL 33126
 US

Mailing Address

6161 BLUE LAGOON DR
 STE 420
 MIAMI FL 33126
 US

2. Principal Place of Business

1730 Main Street, Suite 200

3. Mailing Address

1730 Main Street, Suite 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, Florida

City & State

Weston, Florida

Zip

33326

Country

Broward

Zip

33326

Country

Broward

4. FEI Number

59-2493072

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MIRABITO, ANDREW J
 201 SOUTH BISCAYNE BLVD
 MIAMI CENTER
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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

TITLE PD
 NAME MC CREARY, LEIGH W.
 STREET ADDRESS 6161 BLUE LAGOON DR STE 420
 CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE VD
 NAME MCCREARY, PAUL D.
 STREET ADDRESS 4266 LOCK HIGHLAND PKWY
 CITY-ST-ZIP ROSWELL GA

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leigh W. McCreary 4/17/01 (954) 384-9900

Date

Daytime Phone #

CR2E034 (10/00)

0144664