

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90070 016 ***150.00

DOCUMENT # M58003

1. Entity Name
CORMIER, INC.

Principal Place of Business

Mailing Address

~~291 N.W. 122 TERRACE~~
~~CORAL SPRINGS FL 33071~~

~~291 N.W. 122 TERRACE~~
~~CORAL SPRINGS FL 33143~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

7801 SW 48TH COURT
 Suite, Apt. #, etc.

7801 SW 48TH COURT
 Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number **65-0012294**

Applied For
 Not Applicable

Zip **33143** Country **USA**

Zip **33143** Country **USA**

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

CORMIER, JOSEPH
~~291 NW 122ND TERR.~~
~~CORAL SPRINGS FL 33071~~

Name
 Street Address (P.O. Box Number is Not Acceptable)
7801 SW 48TH COURT
 City **MIAMI** **FL** Zip Code **33143**

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 _____ 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	
TITLE P	<input type="checkbox"/> Delete
NAME CORMIER, JOSEPH	
STREET ADDRESS 291 N.W. 122ND TERR.	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE S	<input type="checkbox"/> Delete
NAME CORMIER, ANNETTE	
STREET ADDRESS 291 N.W. 122ND TERR.	
CITY-ST-ZIP CORAL SPRINGS FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 7801 SW 48TH COURT	
CITY-ST-ZIP MIAMI FL 33143	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 7801 SW 48TH COURT	
CITY-ST-ZIP MIAMI FL 33143	
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: Joseph F. Cormier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-2000
 Date Daytime Phone #

CR2E034 (9/99)