

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M71460

1. Entity Name

CPM REALTY SERVICES, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90123 016 ***150.00

Principal Place of Business

Mailing Address

2994 JOG RD
SUITE B
GREEN ACRES FL 33467
US

2994 JOG RD
SUITE B
GREENACRES FL 33467-2000
US

2. Principal Place of Business

3. Mailing Address

5050 10th Ave N Ste C
Suite, Apt. #, etc.
LAKE WORTH FL

5050 10th Ave N
Suite, Apt. #, etc.
LAKE WORTH FL

City & State

City & State

4. FEI Number

65-0056500

Applied For

Not Applicable

Zip

33463

Country

FLA Beach

Zip

33463

Country

FLA Beach

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

GREENE, GILBERT R.
8415 CARGILL PT
W. PALM BCH FL 33411

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, 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
NAME GREENE, GILBERT R.
STREET ADDRESS 8415 CARGILL PT
CITY-ST-ZIP W. PALM BCH FL 33411

☐ Delete

TITLE SVP
NAME GREENE, ELAYNE
STREET ADDRESS 8415 CARGILL PT
CITY-ST-ZIP W. PALM BCH FL 33411

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

GILBERT R. GREENE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #