

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90090 029 ****61.25

DOCUMENT # N96000003225

1. Entity Name

CISM-REGION II, INC.

Principal Place of Business

5680 SW 87 AVENUE
MIAMI FL 33173

Mailing Address

5680 SW 87 AVENUE
MIAMI FL 33173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

25-0755599

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

DURAN, NATALIE
5680 SW 87 AVENUE
MIAMI FL 33173

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PT
NAME MANN, JAMES
STREET ADDRESS 9834 SW 195 ST.
CITY-ST-ZIP MIAMI FL 33157 ☒ Delete

TITLE PT
NAME Collins, GARY
STREET ADDRESS 15077 SW 163 Terr #8204
CITY-ST-ZIP MIAMI, FL 33196 ☒ Change ☐ Addition

TITLE VT
NAME MOUNT, P.J.
STREET ADDRESS 10165 SW 163 AVENUE
CITY-ST-ZIP MIAMI FL 33196-5801 ☒ Delete

TITLE VT
NAME Picanol, Jaime
STREET ADDRESS 1011 NW 111 AVE
CITY-ST-ZIP MIAMI, FL 33172 ☒ Change ☐ Addition

TITLE T
NAME ENGBERS, FATHER THOMAS
STREET ADDRESS 825 NE 92 ST.
CITY-ST-ZIP MIAMI SHORES FL 33138 ☐ Delete

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

TITLE ST
NAME DURAN, NATALIE
STREET ADDRESS 5680 SW 87 AVENUE
CITY-ST-ZIP MIAMI FL 33173 ☐ Delete

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

TITLE D
NAME RICE, TIM
STREET ADDRESS 2300 PINETREE DR
CITY-ST-ZIP MIAMI BEACH FL 33140 ☐ Delete

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

TITLE D
NAME Picanol, JAIME
STREET ADDRESS 1011 NW 111 AVE
CITY-ST-ZIP MIAMI FL 33172 ☒ Delete

TITLE D
NAME RODRIGUEZ, ANGELA
STREET ADDRESS 420 S Dixie Hwy Suite 4C
CITY-ST-ZIP Coral Gables, FL 33134 ☒ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIE DURAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01

Date

305 596-8568

Daytime Phone #

CR2E037 (10/00)