

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-13-2002 90064 047 ***150.00

DOCUMENT # P00000043957

1. Entity Name

CUNNINGHAM & MON BATEN, INC.

Principal Place of Business

10295 COLLINS AVE. APT. 427
 MIAMI BEACH FL 33154

Mailing Address

10295 COLLINS AVE. APT. 427
 MIAMI BEACH FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1015007**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCALLISTER, GABRIEL
 10295 COLLINS AVE. APT. 427
 MIAMI BEACH FL 33154

7. Name and Address of New Registered Agent

Name **DANIEL G. HILSON**

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

637 Willow Bend Rd

City

Weston

FL

Zip Code

33327

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 *Daniel G. Hilson* **DANIEL G. HILSON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/13/02

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, 2002 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 **MCALLISTER, GABRIEL** ☐ Delete
 STREET ADDRESS **10295 COLLINS AVE. APT. 427**
 CITY-ST-ZIP **MIAMI BEACH FL 33154**

TITLE **SD**
 NAME **MOLINA, VICTORIA** ☐ Delete
 STREET ADDRESS **10295 COLLINS AVE. APT. 427**
 CITY-ST-ZIP **MIAMI BEACH FL 33154**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Officer VP** ☐ Change ☒ Addition
 NAME **HERNANDO J POSADA**
 STREET ADDRESS **2042 Quarry Crest**
 CITY-ST-ZIP **Columbus, Ohio 43215** ☐ Change ☐ Addition

TITLE **Officer T** ☐ Change ☒ Addition
 NAME **Hernan C Ramirez**
 STREET ADDRESS **637 Willow Bend Rd**
 CITY-ST-ZIP **Weston, FL 33327** ☐ Change ☐ Addition

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

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

TITLE ☐ Change ☐ 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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 26th 2002

Date

Daytime Phone #

CR2E034 (9/01)