

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90058 016 ***150.00

DOCUMENT # P00000061864

1. Entity Name

C.V.M.H., INC.

Principal Place of Business

**C/O CENTER LINE HOMES
 12534 WILES ROAD
 CORAL SPRINGS FL 33076**

Mailing Address

**C/O CENTER LINE HOMES
 12534 WILES ROAD
 CORAL SPRINGS FL 33076**

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

65-1020936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PERRY, CRAIG
 C/O CENTER LINE HOMES
 12534 WILES ROAD
 CORAL SPRINGS FL 33076**

7. Name and Address of New Registered Agent

Kipnis Tescher Lippman & Valinsky, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
100 Northeast Third Avenue
Suite 610
 City **Fort Lauderdale** **FL** Zip Code **33301**

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.

Kipnis Tescher Lippman & Valinsky, P.A.

SIGNATURE

Sign (i.e., typed or printed name of registered agent) and file 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **PERRY, CRAIG ESQ**
 STREET ADDRESS **12534 WILES ROAD**
 CITY-ST-ZIP **CORAL SPRINGS FL 33076**

TITLE **D** ☒ Change ☐ Addition
 NAME **Perry, Craig**
 STREET ADDRESS **12534 Wiles Road**
 CITY-ST-ZIP **Coral Springs FL 33076**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

954-344-8010

Daytime Phone #

CR2E034 (10/00)

0140226