

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90129 013 ***158.75

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1. Entity Name
CFM RESOURCES.COM, CORP.



Principal Place of Business
1805 NW 97 AVE.
MIAMI FL 33172

Mailing Address
1805 NW 97 AVE.
MIAMI FL 33172

2. Principal Place of Business
7901 W 25 AVE

3. Mailing Address
7901 W. 25 AVE

Suite, Apt. #, etc.
BAY # 2

Suite, Apt. #, etc.
BAY # 2

City & State
HIALEAH, FL.

City & State
HIALEAH, FL. 3

Zip
33016

Country
DADE

Zip
33016

Country
DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1052676

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RODGERS, PAUL R
1805 NW 97 AVE.
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name LUIS GONZALEZ

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

7901 W. 25 AVE BAY # 2

City HIALEAH

FL

Zip Code 33016

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME VARANDO, PABLO ☒ Delete
STREET ADDRESS 1805 NW 97 AVE.
CITY-ST-ZIP MIAMI FL 33172

TITLE PD
NAME LUIS GONZALEZ ☒ Change ☐ Addition
STREET ADDRESS 7901 W 25 AVE.
CITY-ST-ZIP HIALEAH, FL. 33016

TITLE SD
NAME GONZALEZ, LUIS ☐ Delete
STREET ADDRESS 1243 W. 78 ST.
CITY-ST-ZIP HIALEAH FL 33014

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

TITLE TD
NAME RODGERS, PAUL R ☐ Delete
STREET ADDRESS 2689 NW 49 ST.
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 607, 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: ~~SIGNATURE REQUIRED~~ LUIS GONZALEZ (305) 536-2511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)