TO :
FROM :

PHONE NO. : 17142392085

May 21, 2002 8:00 am
Secretary of State
05-21-2002 90880 022 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000025319

663134

1. Entity Name
CUSTOMER MANAGEMENT & MARKETING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10365 W. SAMPLE RD Suite, Apt. #, etc.	10365 W. SAMPLE RD Suite, Apt. #, etc.
City & State: CORAL SPRINGS, FL	City & State: CORAL SPRINGS, FL
Zip: 33065 Country: US	Zip: 33065 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1084989 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CARLOS MENA

Street Address (P.O. Box Number is Not Acceptable): 10365 W. SAMPLE RD

City: CORAL SPRING FL Zip Code: 33065

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: ✕ _____ 4/25/02
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) ☐

January 1 - May 1: Fee is $150.00
After May 1: Fee is $550.00
Amended UBR is $61.25
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: CARLOS MENA STREET ADDRESS: 10365 W. SAMPLE RD CITY-ST-ZIP: CORAL SPRING, FL 33065	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VPS NAME: Augusto CANO STREET ADDRESS: 10365 W. SAMPLE RD CITY-ST-ZIP: CORAL SPRING, FL 33065	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VPT NAME: Luis M. BONDY STREET ADDRESS: 10365 W. SAMPLE RD CITY-ST-ZIP: CORAL SPRING, FL 33065	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/25/02 954-345-4566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #