2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

Secretary of State P01000032652 **DOCUMENT #** 02-15-2002 90011 002 ***150 00 1. Entity Name CMR SERVICE, INC. Principal Place of Business Mailing Address 21301 NW 40 CIRCLE CT 21301 NW 40 CIRCLE CT CAROL CITY FL 33055 CAROL: CITY FL 33055 2. Principal Place of Business 3. Mailing Address 8969 N.W. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State IAM I Not Applicable Country \$8.75 Additional Certificate of Status Desired 33018 Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent RUBINES, CARLOS Street Address (P.O. Box Number is Not Acceptable) 21301 NW 40 CIRCLE CT CAROL-CITY FL 33055 -Zip Code 8. The above named entity subgrits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE . (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/0 PRESIDENT TITLE TITLE Change ☐ Addition Delete CARLOS M. Rubines MAME NAME 8969 NW 165 TARE MIANI G. 330/8 SEC/TECA. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete ☐ Channe TITLE Amelia Rubines NAME NAME 8969 NW: 165 TERR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST_ZIP. ☐ Delete TITLE ☐ Change - ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Addition Delete TITLE Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appearers, with all other like empowered.

FILED

Mar 29, 2002 8:00 am

305-801-962

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