

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90101 033 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01000036639**

1. Entity Name

CD BUDGET INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8308 NW S. RIVER DR

Suite, Apt. #, etc.

3. Mailing Address

8308 NW S. RIVER DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MEDLEY FL

City & State

MEDLEY FL

4. FEI Number

65-1094565

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

33166

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

RITA N. MULE

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

8308 NW S. RIVER DR

City

MEDLEY

FL

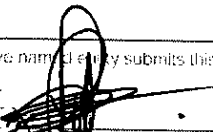
Zip

33166

**DO NOT WRITE
IN THIS SPACE**

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



(Signature of person in charge of registered agent required only if new agent)

(NOTE: Registered Agent Signature required only if new agent)

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
NAME
STREET ADDRESS
CITY-STATE-ZIP
**RITA N. MULE, PD
5231 GENEVA WAY #206
MIAMI FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**8308 NW S. RIVER DR
MEDLEY FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DIRETOR & U.P.
MARIA A. NAVA
MIAMI FL 33166**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**8308 NW S. RIVER DR
MEDLEY FL 33166**

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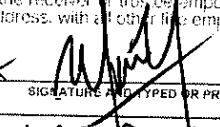
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IN THIS SPACE**

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 097, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other filers empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIA A. NAVA

04/24/02

DATE

DAY/MONTH/YEAR

CR2E034B (12/01)