

05-01-2003 91010 024 ***150.00

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03 MAY 20 PM 1:31

TALLAHASSEE, FLORIDA

0009130

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000036871**1. Entity Name
C&M 21ST CENTURY INC.Principal Place of Business
2510 NW 173 TERR
MIAMI, FL 33056Mailing Address
2510 NW 173 TERR
MIAMI, FL 33056

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

65-1092924

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

LIVERPOOL, RUTH
8428 W OAKLAND PK BLVD
SUNRISE, FL 33351

7. Name and Address of New Registered Agent

Name CLIFTON CARTER
Street Address (P.O. Box Number is Not Acceptable)2510 N W 173 TERRACECity MIAMI

FL

Zip Code 33056

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's signature required when relinquishing)

DATE

FILE NOW BY FEE IS \$150.00

After May 1, 2003 Fee will be \$850.00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
CARTER, CLIFTON
2510 NW 173 TERR
MIAMI, FL 33056 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: CLIFTON CARTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-03

Date

205 621-9895

Daytime Phone #

CH2E034 (10/02)