

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

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

07-31-2002 90107 019 \*\*\*150.00

DOCUMENT # **P01000063455**

1. Entity Name **C.M.C.T. ENTERPRISES INC**

**971806**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2456 LINCOLN ST**

Suite, Apt. #, etc.

**#1**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**HOLLYWOOD FL**

City & State

Zip

**33020**

Country

Zip

Country

4. FEI Number

**65-1116362**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**COLLEEN THOMAS**

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

**2456 LINCOLN ST**

**#1**

City

**HOLLYWOOD**

FL

Zip Code

**33020**

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 *Colleen Thomas*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/20/02**  
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 **P**  
NAME **COLLEEN THOMAS**  
STREET ADDRESS **2456 LINCOLN ST #1**  
CITY-STATE-ZIP **HOLLYWOOD FL 33020**

TITLE **VP**  
NAME **MARYSE THOMAS**  
STREET ADDRESS **2456 LINCOLN ST #1**  
CITY-STATE-ZIP **HOLLYWOOD FL 33020**

TITLE **S**  
NAME **CLAUDE THOMAS**  
STREET ADDRESS **2456 LINCOLN ST #1**  
CITY-STATE-ZIP **HOLLYWOOD FL 33020**

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

SIGNATURE *Colleen Thomas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/20/02 PAES**

**954-920-7330**

Date

Daytime Phone #

CR2E034B (12/01)

C M C T Enterprises Inc.  
2456 Lincoln Street Apt 1  
Hollywood Fl 33020

Attachment

9715026

# P0600063455

To whom it may concern.

I am enclosing a check of \$ 150.00 to renew my Corporation for year 2002.

I never received the first notice since I moved and since it is the first time around I did not know  
that a renewal was due every January.

Thank you for your consideration

  
Collen Thomas Pres.

Tel: 954-920-7330