

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90224 001 ***150.00

DOCUMENT # P01000116698

1. Entity Name
CDM PROPERTIES, INC.



Principal Place of Business
7440 BYRON AVENUE
APARTMENT 3B
MIAMI BEACH FL 33141

Mailing Address
7440 BYRON AVENUE
APARTMENT 3B
MIAMI BEACH FL 33141



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

7440 BYRON AVENUE
Suite, Apt. #, etc.
Apartment 3B
City & State
Miami Beach, FL
Zip
33141 Country
USA

3. Mailing Address

7440 BYRON AVENUE
Suite, Apt. #, etc.
Apartment 3B
City & State
Miami Beach, FL
Zip
33141 Country
USA

4. FEI Number 65-1158451

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WOLASKY, MARJORIE E ESQ.
9400 SOUTH DADELAND BOULEVARD
SUITE 300
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name Wolasky Marjorie E Esq.
Street Address (P.O. Box Number is Not Acceptable)
9400 South Dadeland Boulevard
Suite 300
City Miami FL Zip Code 33156

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 signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D DEMASSIS, CLAUDIO 7440 BYRON AVENUE #3B MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DeMassis Claudio 7440 BYRON AVENUE #3B MIAMI BEACH FL 33141	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: CLAUDIO DEMASSIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03

Date

305-864-4226

Daytime Phone #

CR2E034 (10/02)