

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90452 024 ***150.00

DOCUMENT # P02000011466

1. Entity Name
SLIM CD, INC.



Principal Place of Business
**1505 N UNIVERSITY DRIVE 3RD FLOOR
CORAL SPRINGS FL 33071**

Mailing Address
**1505 N UNIVERSITY DRIVE 3RD FLOOR
CORAL SPRINGS FL 33071**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
75-2989894

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SLIM, SAMI
1505 N UNIVERSITY DRIVE 3RD FLOOR
CORAL SPRINGS FL 33071**

Name

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

City

FL

Zip Code

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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	SLIM, SAMI	1505 N UNIVERSITY DRIVE 3RD FLOOR	CORAL SPRINGS FL 33071	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	CRATON, JEFFERY	1505 N UNIVERSITY DRIVE 3RD FLOOR	CORAL SPRINGS FL 33071	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	SLIM, NIURKA	1505 N UNIVERSITY DRIVE 3RD FLOOR	CORAL SPRINGS FL 33071	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	MAWBY, CHRISTOPHER	1505 N UNIVERSITY DRIVE 3RD FLOOR	CORAL SPRINGS FL 33071	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sami Slim 1/10/03 954-572-5101

Date

Daytime Phone #

CR2E034 (10/02)