

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90255 009 \*\*\*150.00

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**DOCUMENT #** P02000026861

1. Entity Name  
CMN CORP.



Principal Place of Business  
11950 NORTHEAST SECOND AVENUE  
UNIT 118  
NORTH MIAMI FL 33161

Mailing Address  
11950 NORTHEAST SECOND AVENUE  
UNIT 118  
NORTH MIAMI FL 33161

2. Principal Place of Business  
17780 N.W. 67 AVE  
Suite, Apt. #, etc.  
1019

3. Mailing Address  
17780 N.W. 67 AVE  
Suite, Apt. #, etc.  
1019

City & State  
HIALEAH FL.

City & State  
HIALEAH FL.

Zip  
33015-5881

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent  
SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (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	PD KABORE, NADINE 11950 NORTHEAST SECOND AVENUE UNIT 118 NORTH MIAMI FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KABORE, NADINE 17780 N.W. 67 AVE Apt 1019 Miami, FL 33015-5881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CALIZAIRE, CLIVANTZ 11950 NORTHEAST SECOND AVENUE UNIT 118 NORTH MIAMI FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Calizaire, Clivantz 801 NW 10 street # 4 Hallandale Beach, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PEREZ, BERNADETTE 11950 NORTHEAST SECOND AVENUE UNIT 118 NORTH MIAMI FL 33161 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Perez, Bernadette 17780 N.W. 67 AVE Apt 1019 Miami, FL 33015-5881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CALIZAIRE, JEANETTE 11950 NORTHEAST SECOND AVENUE UNIT 118 NORTH MIAMI FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Calizaire, Jeanette 801 NW 10 street # 4 Hallandale Beach, FL 33009 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:** CLIVANTZ **DATE:** 04-28-03 **DAYTIME PHONE #:** (305) 469-5291

CR2E034 (10/02)