

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90327 022 \*\*\*158.75

DOCUMENT # P02000046178

1. Entity Name  
CBM PARKING, INC.



Principal Place of Business  
2301 SW 139 PLACE  
MIAMI FL 33175

Mailing Address  
2301 SW 139 PLACE  
MIAMI FL 33175

11000610



2. Principal Place of Business

2601 N.W. LE JUNE RD

3. Mailing Address

2601 N.W. LE JUNE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

0507 43-1958789

Applied For

Not Applicable

Zip

33142

Country

MIAMI-DADE

Zip

33142

Country

MIAMI-DADE

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE LEON, EVAELIS F  
2301 SW 139 PLACE  
MIAMI FL 33175

7. Name and Address of New Registered Agent

Name DE LEON, EVAELIS F  
Street Address (P.O. Box Number is Not Acceptable)  
2601 N.W. LE JUNE RD  
City MIAMI FL Zip Code 33142

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 \_\_\_\_\_ DATE 4/28/03

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

TITLE D  
NAME DE LEON, EVAELIS F  
STREET ADDRESS 2301 SW 139 PLACE  
CITY-ST-ZIP MIAMI FL 33175

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P  
NAME DE LEON, CHRISTOPHER  
STREET ADDRESS 2601 N.W. LE JUNE RD  
CITY-ST-ZIP MIAMI FL 33142

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Evaelis De Leon 4/28

Date

Daytime Phone #

305-871-3566

CR2E034 (10/02)