

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90474 013 ***158.75

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DOCUMENT # P02000065721

1. Entity Name
FOREVER C.M., INC.



Principal Place of Business
~~601 BRICKELL KEY DR., SUITE 705~~
~~MIAMI FL 33131~~

Mailing Address
~~601 BRICKELL KEY DR., SUITE 705~~
~~MIAMI FL 33131~~

11003188



2. Principal Place of Business
~~601 BRICKELL KEY DR., SUITE 705~~
Suite, Apt. #, etc.
105 SOUTH RIVERSIDE DR. MANAGER

3. Mailing Address
105 SOUTH RIVERSIDE DR.
Suite, Apt. #, etc.
ATTN. MANAGER

☐ CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH, FLORIDA
Zip
33062
Country

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Zip
33062
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4. FEI Number 42-1543576 ☒ **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
~~RICARDO BAJANDAS, P.A.~~
601 BRICKELL KEY DR., SUITE 705
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name CARLOS ALBERTO MÜLLER
Street Address (P.O. Box Number is Not Acceptable) 105 SOUTH RIVERSIDE DR.
ATTN. MANAGER
City POMPANO BEACH **FL** **Zip Code** 33062

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 Carlos Müller CARLOS ALBERTO MÜLLER (PRESIDENT)
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARLOS ALBERTO MÜLLER P.V.T. 105 SOUTH RIVERSIDE DR. POMPANO BEACH, FL 33062 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARLOS ALBERTO MÜLLER P.V.T. 105 SOUTH RIVERSIDE DR. POMPANO BEACH, FL 33062 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SCOTT W. WELSH, PRESIDENT, VICE, T. CARLOS ALBERTO MÜLLER 04/15/03/344-0298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)