

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90155 004 ***150.00

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DOCUMENT # P02000109445

1. Entity Name
CMM OF SEMINOLE, INC.



Principal Place of Business
**1595 NORTH ROCK SPRINGS ROAD
APOPKA FL 32712**

Mailing Address
**1595 NORTH ROCK SPRINGS ROAD
APOPKA FL 32712**

2. Principal Place of Business
3895 Lake Emma Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 167

City & State
Lake Mary FL

City & State

Zip
32746

Country
USA

Zip

Country

4. FEI Number
06-1652735

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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
Chris Mendez
Street Address (P.O. Box Number is Not Acceptable)
3807 Brantley Place Circle
City
Apopka FL Zip Code
32203

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 **9/9/03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD MENDEZ, CHRISTOPHER 1595 NORTH ROCK SPRINGS ROAD APOPKA FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **9/9/03**

DAYTIME PHONE # **(407) 619-5747**

CR2E034 (4/03)

Attachment

80148247
#P00000109445

9/9/03

To Whom it may concern:

Comm of Sewerage was for late

2002. I think your office might

have not realized that I did not

send comm of sewerage & invoice for

the \$150.- fee. The first week

here in September ~~now~~ I received

this invoice. You stated in the

invoice to write you & tell if

did not receive 1st invoice.

Enclosed is my check for \$150.-

Renewal. Thank you for your cooperation.

Sincerely,

