

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000053212

1. Entity Name

CDC CONSULTING, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90025 019 ***150.00

Principal Place of Business

999 PONCE DE LEON BLVD
1045
CORAL GABLES FL 33134
US

Mailing Address

PO BOX 341059
CORAL GABLES FL 33134
US

2. Principal Place of Business

1320 S. DIXIE HWY

3. Mailing Address

1320 S. DIXIE HWY

Suite, Apt. #, etc.

SUITE 325

Suite, Apt. #, etc.

SUITE 325

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

Zip

33146

Country

USA

4. FEI Number

65-0429046

Applied For

Not Applicable

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

CHAMBLISS, CHRISTOPHER D
3125 ESTATES DRIVE
POMPANO BEACH FL 33069

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
CHAMBLISS, CHRISTOPHER D
3125 ESTATES DR
CORAL GABLES FL 33146 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (10/00)