

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90023 024 ***150.00

DOCUMENT # P93000062867

1. Entity Name

CMG ASSET MANAGEMENT, INC.

Principal Place of Business

**3661 S. MIAMI AVE.
SUITE 709
MIAMI FL 33133**

Mailing Address

**3661 S. MIAMI AVE.
SUITE 709
MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0435141

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

**GUERRERO, CHERYL M
3661 S. MIAMI AVE.
SUITE 709
MIAMI FL 33133**

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, 2002 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 ☐ Delete
NAME **D GUERRERO, CHERYL M**
STREET ADDRESS **3734 MAIN HWY**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

020502

Date

305-856-1995

Daytime Phone #

CR2E034 (9/01)

attachment # P9 3000 062867 / 004527

CMG Property Management

POST OFFICE BOX 331486
MIAMI, FLORIDA 33233-1486

HOME OFFICE

Telephone (305)856-1995
Facsimile (305)443-3550

CERTIFIED MAIL COVER SHEET

FDXREF:CMG.FDS.DOC.UNFBUSREP.2002

BUSINESS OFFICE

Telephone (305)856-9518
Facsimile (305)856-1820

DATE: 02/15/02

PAGE(S): Four (04) Includes Cover Sheet

COMPANY: DIVISION OF CORPORATIONS
DEPT: Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500

TEL: (850)488-9000

BY: CERTIFIED MAIL/Return Receipt Requested
CM# 7000-0520-0016-3555-7943

FROM: CHERYL M. GUERRERO
TITLE: Administrator
COMPANY: CMG PROPERTY MANAGEMENT
ADDRESS: P O Box 331486

FAX: (305)856-1820
TEL: (305)856-1995
CELL: (305)975-5002

RE: UNIFORM BUSINESS REPORT 2002

ENCLOSURE: Please find enclosed the following:

UNIFORM BUSINESS REPORT 2002 (UBR) #P93000062867
NORTHERN TRUST BANK CHECK# 4699

MESSAGE: Thank you for your attention to this matter:—

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