

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM**
Secretary of State**DOCUMENT # P93000077967****1. Entity Name**
2CM CORP.**Principal Place of Business**

3124 BROADWAY

RIVIERA BEACH
33404

FL

Mailing Address

3124 BROADWAY

RIVIERA BEACH
33404

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address
14815 BOXWOOD DRIVE

Suite, Apt. #, etc.

City & StateCity & State
PALM BEACH GARDENS

FL

Zip**Country**Zip
33418**Country****4. FEI Number**

65-0449997

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFABER CHRIS M
3124 BROADWAYRIVIERA BEACH
33404

FL

US

7. Name and Address of New Registered Agent**Name**

FABER CHRIS M

Street Address (P.O. Box Number is Not Acceptable)
14815 BOXWOOD DRIVE**City**

PALM BEACH GARDENS

FL**Zip Code**
33418**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 CHRIS M. FABER**

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

(NOTE: Registered Agent signature required when reinstating)

04/28/2000

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, 2000 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**

| TITLE | C/D | | <input type="checkbox"/> Delete |
|----------------|------------------------|---------|---------------------------------|
| NAME | FABER | CHRIS M | |
| STREET ADDRESS | 3124 BROADWAY | | |
| CITY-ST-ZIP | RIVIERA BEACH FL 33404 | | |

| TITLE | | <input type="checkbox"/> Delete |
|----------------|--|---------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | | <input type="checkbox"/> Delete |
|----------------|--|---------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | | <input type="checkbox"/> Delete |
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| TITLE | | <input type="checkbox"/> Delete |
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| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| TITLE | | <input type="checkbox"/> Delete |
|----------------|--|---------------------------------|
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | C/D | | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|-----------------------------|---------|--|-----------------------------------|
| NAME | FABER | CHRIS M | | |
| STREET ADDRESS | 14815 BOXWOOD DRIVE | | | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL 33418 | | | |

| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|--|---------------------------------|-----------------------------------|
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|--|---------------------------------|-----------------------------------|
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|--|---------------------------------|-----------------------------------|
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|--|---------------------------------|-----------------------------------|
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> 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:** Chris M. Faber**C/D:** 04/28/2000