

# 2002 UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000008035

Entity Name  
CM SERVICES, INC.

Principal Place of Business  
700 S.W. 147TH AVENUE  
AMI FL 33187

Mailing Address  
18700 S.W. 147TH AVENUE  
MIAMI FL 33187



**REINSTATEMENT** 02-03  
DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 65-0465323		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CULLEN, JOHN T. 7411 MIAMI LAKES DR. MIAMI LAKES FL 33315				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	STP MOSCONI, IRIS 18700 SW 147 AVE. MIAMI FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete	PD MOSCONI, PETER C 18700 SW 147 AVE. MIAMI FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	800024247218 10/29/03--01016--007 **150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	800024247218 11/21/03--01042--014 **150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

3. 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: John Mosconi Date: 4/5/02 305281-1987

CR2E034 (9/01)

10/20/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

PCM SERVICES INC

2. Principal Office Address

18700 SW 14TH AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33187

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0465323

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name

Cullen, John T

Street Address (P.O. Box Number is Not Acceptable)

7411 MIAMI LAKES DR

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33315

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
STP	IRIS MOSCONE	18700 SW 147 AVE	MIAMI FL 33187
PD	Peter C MOSCONE	18700 SW 147 AVE	MIAMI FL 33187

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

IRIS MOSCONE 10/20/03 305-281-1984

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

95 3083

PCM SERVICES INC  
18700 SW 147<sup>TH</sup> AVENUE MIAMI FLORIDA 33187 305-2324733

October 20, 2003

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: Corporation Reinstatement

Dear Sir or Madam:

For year 2002 Uniform Business Report, the form was completed and mailed along with a check on 4/15/2002.

After my bank notified me that we were not in compliance, I checked my records and found that the check was never cleared by my bank.

Therefore, I am assuming that is the reason I did not receive a report to file for the 2003 year.

Enclosed please find a signed copy of the "Corporation Reinstatement" form as well as a check for \$150.00 as per the instructions I received when speaking to a representative of your office.

I would appreciate your swift attention to this matter.

Sincerely,



Iris Moscone  
Vice President