

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000021862

1. Entity Name

CONSTRUCTION MANAGEMENT ASSOCIATES GROUP, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90038 047 ***150.00

Principal Place of Business

Mailing Address

9921 NW 60TH PLACE
PARKLAND FL 33076
US

9921 NW 60TH PLACE
PARKLAND FL 33076-2558
US

2. Principal Place of Business

3. Mailing Address

FLORIDA 9921 NW 60th PLACE 9921 NW 60th PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND, FL.

City & State

PARKLAND, FLORIDA

Zip 33076

Country U.S.A

Zip 33076

Country U.S.A

4. FEI Number

65-0476457

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

SCOLARO, ROBERT A.
9921 NW 60TH PLACE
PARKLAND FL 33076

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete

NAME SCOLARO, ROBERT A
STREET ADDRESS 9921 NORTHWEST 60 PLACE
CITY - ST - ZIP PARKLAND FL 33076

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

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CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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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:

Robert A. Scolaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2000 954-341-2104
Date Daytime Phone #

CR2E034 (9/99)