

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90449 013 ***150.00

DOCUMENT # P94000032375

1. Entity Name
CON-FORM DEVELOPMENT CORP.



Principal Place of Business
4732 SW 32ND AVE.
FT. LAUDERDALE FL 33312
US

Mailing Address
4732 SW 32ND AVE
FT. LAUDERDALE FL 33312
US



2. Principal Place of Business
3325 GRIFFIN Rd.
Suite, Apt. #, etc.
#100

3. Mailing Address
3325 Griffin Rd.
Suite, Apt. #, etc.
#100

City & State
Ft. Lauderdale, Florida
Zip
33312 Country
Broward

City & State
Ft. Lauderdale
Zip
33312 Country
Broward

4. FEI Number
65-0485518

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

THOM, MARIA V
4732 SW 32ND AVE
FT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name
SAME THOM, MARIA V.

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

3325 GRIFFIN Rd - #100

City
Fort Lauderdale FL Zip Code
33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D THOM, MARIA V ☐ Delete
4732 SW 32ND AVE.
FT. LAUDERDALE FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D THOM, MARIA V. ☐ Delete
3325 GRIFFIN Rd. #100
Ft. Lauderdale, FL 33312

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 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

2/17/03

Date

(954)295-8959

Daytime Phone #

CR2E034 (10/02)