

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000066535

1. Entity Name

C N R INC OF SOUTH FLORIDA

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90200 009 \*\*\*150.00

Principal Place of Business

Mailing Address

201 NW 131 AVE.  
PLANTATION FL 33325

201 NW 131 AVE.  
PLANTATION FL 33325-2213

*new address*

2. Principal Place of Business

3. Mailing Address

2541 Royal Palm way  
Suite, Apt. #, etc.

2541 Royal Palm way  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

WESTON, FL

WESTON, FL

Zip 33327 Country USA

Zip 33327 Country USA

4. FEI Number

65-0552750

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

SMITH, KIMBERLY P  
201 NW 131 AVE.  
PLANTATION FL 33325

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 NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, KIMBERLY P 201 NW 131 AVE. PLANTATION FL 33325-2213	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Daytime Phone #

CR2E034 (9/99)