## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P95000018710

1. Entity Name

C.N.D. ENTERPRISES, INC.

Principal Place of Business 5801 S DIXIE HWY. STE B W PALM BEACH FL 33405

SIGNATURE:

Mailing Address

5801 S DIXIE HWY. STE B W PALM BEACH FL 33405-3651

## May 04, 2000 8:00 am Secretary of State 05-04-2000 90118 005 \*\*\*150.00

6 Direi- (D)	in income	3. Mailing Address							
2. Principal Pi	ace of Business 5. DIXIC Highway		Dixle	HIGHUR					
Suite, Apt. #, etc.   DO NOT WRITE IN THIS SPACE									
City & State		City & State	<u></u>	4.	FEI Number <b>59-2205388</b>		Apr	olied For	
City & State West Palm Beach, FL West Palm				ich, Fl				Applicable	
2ip 33405 USA 2ip 33405			Country	5.	Certificate of Status Desired		8.75 Addit ee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
SOTI	Street Address (P.O. Box Number is Not Acceptable)								
	s dixie hwy, stê b N.M. Beach fl 33405								
VV PA	ALM BEACH FL 33403								
			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 FILE NOW!!! I					10. Election Campaign Fina	ancing	9 <b>\$5.00</b> May Be		
Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2000 Make Check Payable					Trust Fund Contribution	. 🗆		to Fees	
				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
			TITLE	<del></del>	DDITIONS/CHANGES TO OTT		Change	Addition	
TITLE NAME	SOTILLO, DONNA M	Delete	NAME				′ `		
STREET ADDRESS	5801 S DIXIE HWY, STE B		STREET ADDRESS	6605	5 Dixic Hi	9hwa	V		
CITY-ST-ZIP	W PALM BEACH FL 33405	<u></u>	CITY-ST-ZIP	West	Palm Beach	; FL	<u> 13340</u>	5	
TITLE	P PANEDTZ DANED O	☐ Delete	TITLE				Change	☐ Addition	
NAME STREET ADDRESS	LENNERTZ, DAVID G 5801 S DIXIE HWY, SUITE B		NAME STREET ADDRESS	6605	5. Dixie H	ighwa			
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP	West	Parm Beach	FC	340S		
TITLE	VP	☐ Delete	TITLE	1,0 501		-	Change	Addition	
NAME	LENNERTZ, CYNTHIA		NAME	ļ	5. Dixle Hi	ah	7		
STREET ADDRESS	5801 S DIXIE HWY, SUITE B		STREET ADDRESS	6605	C . C		1 231	^6	
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP	West	Palm Bea		Change	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME				Ghange	Audition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	]					
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		□ Delete	TITLE	<del> </del>			☐ Change	Addition	
NAME		☐ Delete	NAME						
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		<u> </u>	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 chapter, or on an attachment with an address, with all other like empowered.									