

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020205

1. Entity Name

CBI CENTER, INC.

FILED

Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90045 050 ***150.00

Principal Place of Business

Mailing Address

9851 N.W. 106TH STREET, SUITE 3
GRAN PARK
MEDLEY FL 33178

9851 N.W. 106TH STREET, SUITE 3
GRAN PARK
MEDLEY FL 33178-1238

2. Principal Place of Business

1100 East 41st Street

3. Mailing Address

1100 East 41st Street

Suite, Apt. #, etc.

#1

Suite, Apt. #, etc.

#1

City & State

Hialeah - FL

City & State

Hialeah FL

Zip

33013

Country

Zip

33013

Country

4. FEI Number

65-0567188

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

SILVERMAN, PAUL A
13436 SW 108 ST CIR N
MIAMI FL 33186

Name

PAUL A. SILVERMAN

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

621 STANTON LANE

City

WESTON

FL

Zip Code

33326

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

Paul A. Silverman

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

(NOTE: Registered Agent signature required when reinstating)

2/8/00

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

TITLE ☐ Delete
NAME D
STREET ADDRESS TANG, YU HUNG LUCY
CITY-ST-ZIP 444 BRICKELL AVENUE, SUITE 300
MIAMI FL 33131

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: X

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL A. SILVERMAN Sec. 2/8/00

Date

305-696-6811

CR2E034 (9/99)