

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90024 031 ***150.00

DOCUMENT # P95000064758

1. Entity Name

C.F. TRUST, INC.

Principal Place of Business

**250 VALENCIA AVENUE
 CORAL GABLES FL 33134**

Mailing Address

**250 VALENCIA AVENUE
 CORAL GABLES FL 33134**

2. Principal Place of Business

1828-B N. University Dr.
 Suite, Apt. #, etc.

3. Mailing Address

1828-B N University Dr.
 Suite, Apt. #, etc.

C0062535



DO NOT WRITE IN THIS SPACE

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

65-0611168

Applied For

Not Applicable

Zip
33322

Country

Zip
33322

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, GEORGE
 250 VALENCIA AVENUE
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Miller, George

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

1828-B N. University Dr.

City

Plantation

FL

Zip Code

33322

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, 2001 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 **DPT** ☐ Delete
 NAME **MILLER, GEORGE**
 STREET ADDRESS **250 VALENCIA AVENUE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **V** ☐ Delete
 NAME **HENNESSY, DAVID C**
 STREET ADDRESS **22481 PLEASANT PARK ROAD**
 CITY-ST-ZIP **CONIFER CO 80433**

TITLE **VS** ☐ Delete
 NAME **BERKOWITZ, JOEL S**
 STREET ADDRESS **303 IVY LANE**
 CITY-ST-ZIP **WESTON FL 33326**

TITLE **V** ☐ Delete
 NAME **COOLEY, WILLIAM O**
 STREET ADDRESS **233 TRADEWIND DRIVE**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **A** ☐ Delete
 NAME **SCHMAC, TAMMY L**
 STREET ADDRESS **11074 KENNEDY AVE**
 CITY-ST-ZIP **CONIFER CO 80433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPT** ☒ Change ☐ Addition
 NAME **Miller, George**
 STREET ADDRESS **1828-B N. University Dr.**
 CITY-ST-ZIP **Plantation FL 33322**

TITLE **V** ☒ Change ☐ Addition
 NAME **Hennessy, David C.**
 STREET ADDRESS **11813 Spring Rd, Sk #10**
 CITY-ST-ZIP **Conifer, CO 80433**

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

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

TITLE **A** ☒ Change ☐ Addition
 NAME **Schmac, Tammy**
 STREET ADDRESS **11813 Spring Road, Sk #10**
 CITY-ST-ZIP **Conifer, CO 80433**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-2001

Date

303-838-1400

Daytime Phone #

CR2E034 (10/00)