

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027839

1. Entity Name

CMJS PROPERTY MANAGEMENT, INC.

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90056 018 ***150.00

Principal Place of Business

5180 W ATLANTIC AVE
SUITE 110
DELRAY BCH FL 33484
US

Mailing Address

5180 W ATLANTIC AVE
SUITE 110
DELRAY BCH FL 33484-8103
US

2. Principal Place of Business

127 BAREFOOT COVE
Suite, Apt. #, etc.

3. Mailing Address

127 BAREFOOT COVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HYPOLOUXO FL
Zip 33462 - Country USA

City & State

HYPOLOUXO FL
Zip 33462 - Country USA

4. FEI Number

65-0655595

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARK, MICHAEL G ESQ.
STROOCK & STROOCK & LAVAN LLP
200 S. BISCAYNE BLVD., STE. 3300
MIAMI FL 33131-2385

7. Name and Address of New Registered Agent

Name

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

127 BAREFOOT COVE

City

HYPOLOUXO

FL

Zip Code

33462

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

2-3-00

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 P
NAME GOLDSTEIN, JOHN D.
STREET ADDRESS 5180 W ATLANTIC AVE
CITY-ST-ZIP DELRAY BCH FL

☐ Delete

TITLE S
NAME GOLDSTEIN, SHERI
STREET ADDRESS 5180 W ATLANTIC AVE
CITY-ST-ZIP DELRAY BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P, D
NAME GOLDSTEIN, JON D.
STREET ADDRESS 127 BAREFOOT COVE
CITY-ST-ZIP HYPOLOUXO, FL 33462

☒ Change ☐ Addition

TITLE V
NAME GOLDSTEIN, SHERI
STREET ADDRESS 127 BAREFOOT COVE
CITY-ST-ZIP HYPOLOUXO, FL 33462

☒ Change ☐ Addition

TITLE D, V
NAME PARK, MICHAEL G.
STREET ADDRESS 127 BAREFOOT COVE
CITY-ST-ZIP HYPOLOUXO, FL 33462

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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: X

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GOLDSTEIN

2-3-00

561-582-4434

Date

Daytime Phone #

CR2E034 (9/99)