

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000027839**

1. Entity Name

CMJS PROPERTY MANAGEMENT, INC.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90179 014 ***150.00

Principal Place of Business

Mailing Address

127 BAREFOOT COVE
HYPOLUXO FL 33462
US127 BAREFOOT COVE
HYPOLUXO FL 33462
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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****7. Name and Address of New Registered Agent****PARK, MICHAEL G ESQ.**
127 BAREFOOT COVE
HYPOLUXO FL 33462

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
	P			<input type="checkbox"/>		P D T			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	GOLDSTEID, JOHN D.	127 BAREFOOT COVE	HYPOLUXO FL 33462							
	S			<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	GOLDSTEIN, SHERI	127 BAREFOOT COVE	HYPOLUXO FL 33462							
	DV			<input type="checkbox"/>		VP			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	PARK, MICHAEL G	127 BAREFOOT COVE	HYPOLUXO FL 33462							
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (10/00)