

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000040662

1. Entity Name  
CIMTECH, INC.

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90009 025 \*\*\*158.75

Principal Place of Business

740 BLUE RIDGE WAY  
DAVIE FL 33325  
US

Mailing Address

740 BLUE RIDGE WAY  
DAVIE FL 33325  
US

643377



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17094 NW 15th ST

Suite, Apt. #, etc.

3. Mailing Address

17094 NW 15th ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

City & State

PEMBROKE PINES, FL

4. FEI Number

65-0666296

Applied For

Not Applicable

Zip

33028

Country

BROWARD

Zip

33028

Country

BROWARD

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

CUNNINGHAM, JOHN B.  
740 BLUE RIDGE WAY  
DAVIE FL 33325

Name

CUNNINGHAM, JOHN B.

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

17094 NW 15th ST.

City

PEMBROKE PINES

FL

Zip Code

33028

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
CUNNINGHAM, JOHN B  
740 BLUE RIDGE WAY  
DAVIE FL 33325 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
CUNNINGHAM, JOHN B.  
17094 NW 15th ST.  
PEMBROKE PINES, FL 33028 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
CUNNINGHAM, SANDRA C  
740 BLUE RIDGE WAY  
DAVIE FL 33325 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VSD  
CUNNINGHAM, SANDRA C.  
17094 NW 15th ST.  
PEMBROKE PINES, FL 33028 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ Addition

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

(954) 443-9877

Daytime Phone #

CR2E034 (10/00)