

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000042211

1. Entity Name

CONTROL AND MEASUREMENT INTERNATIONAL INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90022 003 ***150.00

Principal Place of Business

Mailing Address

1674 MERIDIAN AVE
STE 211
MIAMI BEACH FL 33139

1674 MERIDIAN AVE
STE 211
MIAMI BEACH FL 33139-2825

2. Principal Place of Business

421 HOMEWOOD BLVD

3. Mailing Address

421 HOMEWOOD BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

Zip

33445

Country

USA

Zip

33445

Country

USA

4. FEI Number

65-0666978

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN, PHILIP
1674 MERIDIAN AVE
STE 211
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

PHILIP BROWN

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

421 HOMEWOOD BLVD

City

DELRAY BEACH

FL

Zip Code

33445

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, 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 BROWN, PHILIP
CITY-ST-ZIP 1674 MERIDIAN AVE., STE 211
MIAMI BEACH FL 33139

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
NAME
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 421 HOMEWOOD BLVD
CITY-ST-ZIP DELRAY BEACH FL 33445

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

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

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STREET ADDRESS
CITY-ST-ZIP

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:

PHILIP BROWN

Date

4/5/00

Daytime Phone #

561-330-8144

CR2E034 (9/99)