

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000043115

1. Entity Name

CAMBUHY CORPORATION

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90011 024 ***150.00

644826



DO NOT WRITE IN THIS SPACE

Principal Place of Business

112 S HIBISCUS DR
MIAMI BEACH FL 33139
US

Mailing Address

P O BOX 398570
MIAMI BEACH FL 33239-8570

2. Principal Place of Business

3. Mailing Address

P.O. Box 398570

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami Beach, Fla.

4. FEI Number

65-0715528

Applies For

Not Applicable

Zip

Country

Zip
33239

Country
US

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

LANGEN, ROLAND
112 S HIBISCUS DR
MIAMI BEACH FL 33139

Name

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

City

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's 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 ☐ Delete
NAME
D
STREET ADDRESS
LANGEN, MAX
CITY-ST-ZIP
112 S HIBISCUS DR
MIAMI BEACH FL 33139

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

TITLE ☐ Delete
NAME
DVPT
STREET ADDRESS
LANGEN, CHRISTOPHER
CITY-ST-ZIP
112 S HIBISCUS DR
MIAMI BEACH FL 33139

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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)(f), 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)