

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90027 007 ***150.00

DOCUMENT # P96000052316

1. Entity Name

CMC INVESTMENTS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

**315 E. ROBINSON ST.
 SUITE 600
 ORLANDO FL 32801**

**P.O. BOX 3000
 ORLANDO FL 32802**

2. Principal Place of Business

620 Douglas Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite 1308

Suite, Apt. #, etc.

City & State

Altamonte Springs, Fl.

City & State

4. FEI Number

59-3391482

Applied For

Not Applicable

Zip

32714

Country

Seminole

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WETTACH, JOSEPH C.L.
 315 E. ROBINSON ST.
 SUITE 600
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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 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 **PD** ☒ Delete
 NAME **VU, HOA M**
 STREET ADDRESS **620 DOUGLAS AVE STE 1308**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **Pls/V** ☒ Change ☐ Addition
 NAME **Borivoje M Radulovic**
 STREET ADDRESS **620 Douglas Ave #1308**
 CITY-ST-ZIP **Altamonte Spgs, FL 32714**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
 Date

(407) 786-1114
 Daytime Phone #

CR2E034 (10/00)