

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 10, 2001 8:00 am
Secretary of State

05-10-2001 90034 030 ***150.00

DOCUMENT # **P96000062572**
1. Entity Name
CDS Management & Real Estate Group, Inc.

Principal Place of Business
**1876 N University Dr
Suite 201F
Plantation, FL 33322**
Mailing Address
**P.O. Box 17524
Plantation FL
33318-7524**

2. Principal Place of Business
300 S. Pine Island Road
Suite, Apt. #, etc.
#212

City & State
Plantation FL
Zip
33324
Country
USA

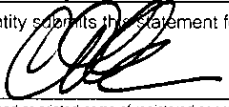
4. FEI Number
65-0686936
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
**Carol D. Schechter
1876 N University Dr
Suite 201F
Plantation, FL 33322**

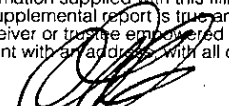
7. Name and Address of New Registered Agent
Name
Carol D. Schechter
Street Address (P.O. Box Number is Not Acceptable)
**300 S. Pine Island Road
Suite 212**
City
Plantation FL Zip Code
33324

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  **Carol D. Schechter** **4/17/01**
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		
TITLE	P/S/T	<input type="checkbox"/> Delete
NAME	Carol D. Schechter	
STREET ADDRESS	1876 N University Dr #201F	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	Mitchell Schechter	
STREET ADDRESS	1876 N University Dr #201F	
CITY-ST-ZIP	Plantation FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	Susan J. Teaff	
STREET ADDRESS	1876 N University Dr #201F	
CITY-ST-ZIP	Plantation FL 33322	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carol D. Schechter	
STREET ADDRESS	300 S. Pine Island Road #212	
CITY-ST-ZIP	Plantation FL 33324	
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitchell Schechter	
STREET ADDRESS	300 S. Pine Island Road #212	
CITY-ST-ZIP	Plantation FL 33324	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan J. Teaff	
STREET ADDRESS	300 S. Pine Island Road #212	
CITY-ST-ZIP	Plantation FL 33324	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Carol D. Schechter, President** **4/17/01** **(954) 472-3588**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)