

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90035 017 ***150.00

DOCUMENT # P96000062572

1. Entity Name
C D S MANAGEMENT & REAL ESTATE GROUP, INC.

Principal Place of Business
 300 S PINE ISLAND ROAD SUITE 212
 PLANTATION FL 33324

Mailing Address
 PO BOX 17524
 PLANTATION FL 33318-7524



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 300 S. Pine Island Road
 Suite, Apt. #, etc.
 Suite 238

3. Mailing Address
 Suite, Apt. #, etc.
 Suite 238

City & State
 Plantation FL

City & State
 Plantation FL

Zip
 33324

Country
 USA

Zip
 33324

Country
 USA

6. Name and Address of Current Registered Agent
 SCHECTER, CAROL D
 300 S PINE ISLAND ROAD SUITE 212
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 300 S. Pine Island Road
 Suite 238
 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
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
 PSD
NAME
 SCHECTER, CAROL D
STREET ADDRESS
 300 S PINE ISLAND ROAD SUITE 212
CITY-ST-ZIP
 PLANTATION FL 33324

TITLE
 TD
NAME
 SCHECTER, MITCHELL
STREET ADDRESS
 300 S PINE ISLAND ROAD SUITE 212
CITY-ST-ZIP
 PLANTATION FL 33324

TITLE
 D
NAME
 TEAFF, SUSAN J
STREET ADDRESS
 300 S PINE ISLAND ROAD SUITE 212
CITY-ST-ZIP
 PLANTATION FL 33324

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 PSTD
NAME
 SCHECTER, CAROL D
STREET ADDRESS
 300 S. Pine Island Road Suite 238
CITY-ST-ZIP
 PLANTATION FL 33324

TITLE
 D
NAME
 SCHECTER, MITCHELL
STREET ADDRESS
 300 S Pine Island Road Suite 238
CITY-ST-ZIP
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NAME
 TEAFF, SUSAN J
STREET ADDRESS
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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 2/4/02 954-472-3588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR