

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000062572

FILED
Apr 27, 2003
Secretary of State

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

Current Principal Place of Business:

300 S PINE ISLAND RD
STE 238
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

PO BOX 17524
PLANTATION, FL 333187524

New Mailing Address:

FEI Number: 65-0686936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHECTER, CAROL D
300 S PINE ISLAND RD
STE 238
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SCHECTER, CAROL D
Address: 300 S PINE ISLAND RD STE 238
City-St-Zip: PLANTATION, FL 33324

Title: D () Delete
Name: SCHECTER, MITCHELL
Address: 300 S PINE ISLAND RD STE 238
City-St-Zip: PLANTATION, FL 33324

Title: VD () Delete
Name: TEAFF, SUSAN J
Address: 300 S PINE ISLAND RD STE 238
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL D. SCHECTER

PSTD

04/27/2003

Electronic Signature of Signing Officer or Director

Date