## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P96000071779

1. Entity Name

CJM FINANCING, INC.

Principal Place of Business 3706 N. OCEAN BLVD., SUITE 370 FT. LAUDERDALE FL 33308

Mailing Address

3706 N. OCEAN BLVD., SUITE 370 FT. LAUDERDALE FL 33308

## **FILED** Feb 27, 2001 8:00 am Secretary of State

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2. Principal P	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	е	City & State			4. F	El Number <b>65-0695799</b>		<b>-</b>	applied For Not Applicable	
Zip	Country	Zip	try	5. (	Certificate of Status Desired		8.75 Ad	ditional		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
MIMNA, CURTIS 3706 N. OCEAN BLVD., SUITE 370 FT. LAUDERDALE FL 33308				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										
Signature, types or printed ristria or registered agent situring it appropries. [NOTE: neglistered Agent signature required writen reinstating) DATE										
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!! FE After MAY 1, 2001 Fe				will be \$5	50.00	10. Election Campaign Fina Trust Fund Contribution	· ~		00 May Be	
(See criteria on back)				epartment	of State					
11,	OFFICERS AND D		12.		AD	DITIONS/CHANGES TO OFFI				
TITLE	MIMNA, CURTIS	Delete	TITLE	i			[	Change	☐ Addition	
NAME STREET ADDRESS	NAME STREET ADDRESS 3706 N. OCEAN BLVD., SUITE 370									
CITY-ST-ZIP	-ZIP FT. LAUDERDALE FL 33308									
TITLE	DVS	☐ Delete	TITLE					Change	Addition	
NAME	BARKER, PRISCILLA		NAM	E J			_	_ •		
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STREET ADDRESS			STRE	et address					1	
CITY-ST-ZIP			CITY	-ST-ZIP						
13. I hereby of indicated	ertify that the information supplied with to on this report or supplemental report is t	his filing does not qualify for rue and accurate and that m	the exer	nption state ure shall ha	ed in Section 1	19.07(3)(i), Florida Statutes. I egal effect as if made under o	further certify ath; that I am	that the i	information 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

Daytime Phone #