

8/9/01-90044-00

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2001 8:00 am
Secretary of State

08-09-2001 90044 008 ***150.00
 09-19-2001 90160 027 ***400.00

DOCUMENT # P96000088685

1. Entity Name

C.N.D. CORPORATION

Principal Place of Business

4692 F NE 183RD ST
 MIAMI FL 33055
 US

Mailing Address

1000 SAINT CHARLES PLACE STE 710
 PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

401 OPA LOCKA, BLVD

Suite, Apt. #, etc.

401 OPA LOCKA BLVD

City & State

OPA LOCKA, FLA

City & State

OPA LOCKA, FLA

Zip

33054

Country

DADE

Zip

33054

Country

DADE

4. FEI Number

65-0709684

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KLEIN, RONALD G
 901 NORTHEAST 125TH ST
 NORTH MIAMI FL 33161

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 use 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 ☐ Delete
 NAME D
 STREET ADDRESS MORGAN, DAVID
 CITY-ST-ZIP 1000 SAINT CHARLES PLACE STE 710
 PEMBROKE PINES FL 33026

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME D
 STREET ADDRESS MORGAN, CAROL
 CITY-ST-ZIP 1000 SAINT CHARLES PLACE STE 710
 PEMBROKE PINES FL 33026

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 Morgan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/01

Date

305-681-9002

Daytime Phone #

CR2034 (10/00)