

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 17 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 96 0000 88685

1. Entity Name

CND Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 St. Charles Pl

3. Mailing Address

Same

Suite, Apt. #, etc.

710

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, Fla

City & State

4. FEI Number

65-0709684

Applied For

Not Applicable

Zip

33026

Country

Broward

Zip

Country

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

7. Name and Address of Current Registered Agent

Name

RONALD G KLEIN

Street Address (P.O. Box Number is Not Acceptable)

901 NE 125th St

City

MIAMI

FL

Zip Code

33141

DO NOT WRITE
IN THIS SPACE

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 translating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 | DAVID MORGAN, PRESIDENT |
| NAME | 1000 St. Charles Pl. # 710 |
| STREET ADDRESS | Pembroke Pines, Fla. 33026 |
| CITY-ST-ZIP | |

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|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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|----------------|----------------------------|
| TITLE | CAROL MORGAN - Secretary |
| NAME | 1000 St. Charles Pl # 710 |
| STREET ADDRESS | Pembroke Pines, Fla. 33026 |
| CITY-ST-ZIP | |

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-19-02

Date

305-681-9002

Daytime Phone #

CR2E034B (12/01)

9/30/17/02