FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90044 019 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

[redacted]

80114382

DOCUMENT # P97000020461

1. Entity Name
CMU GROUP, CORP.

Principal Place of Business	Mailing Address
14018 SW 149 LN MIAMI, FL 33186 US	~~15049 SW 143 PL~~ ~~MIAMI, FL 33186 US~~ 14018 SW 149 LANE MIAMI, FL 33186

2. Principal Place of Business	3. Mailing Address
	14018 SW 149 LN
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI, FL
Zip / Country	Zip: 33186 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0745151 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RUIZ-MONTEVERDE, CARLOS D
14018 SW 149 LN
MIAMI, FL 33186

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILING FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: P NAME: RUIZ-MONTEVERDE, CARLOS D STREET ADDRESS: 14018 SW 149 LN CITY-ST-ZIP: MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/15/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #