

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000056667

1. Entity Name
CFM EQUIPMENT, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90096 037 ***150.00

Principal Place of Business 4311 REFLECTIONS BLVD. APT. #204 SUNRISE FL 33351-8233	Mailing Address 4311 REFLECTIONS BLVD. APT. #204 SUNRISE FL 33351-8233
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2. Principal Place of Business 1030 COUNTRY CLUB DR Suite, Apt. #, etc. R-409	3. Mailing Address 1030 COUNTRY CLUB DR Suite, Apt. #, etc. #R-409
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City & State MARGATE, FL.	City & State MARGATE, FL.
Zip 33063	Country USA

4. FEI Number 65-0761689	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BIRNBACH, ELLEN J
4311 REFLECTIONS BLVD.
APT. #204
SUNRISE FL 33351

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1030 COUNTRY CLUB DR
R-409
City MARGATE, FL. FL Zip Code 33063

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRNBACH, ELLEN J 4311 REFLECTIONS BLVD. SUNRISE FL 33351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAXSON, CLYDE 4311 REFLECTIONS BLVD. SUNRISE FL 33351 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 COUNTRY CLUB DR #R-409 MARGATE, FL. 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1030 COUNTRY CLUB DR #R-409 MARGATE, FL. 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ellen J. Birnbach 1-12-00 Ellen J. Birnbach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)