

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90218 018 ***150.00

DOCUMENT # **P97000100313**

1. Entity Name **CM + S ENTERPRISES, Corp.**

Principal Place of Business Mailing Address
3900 NW CORAL HILLS DRIVE
CORAL SPRINGS, FL 33065

A0065735

2. Principal Place of Business 3. Mailing Address
3900 NW CORAL HILLS DR.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
CORAL SPRINGS, FL

Zip Country Zip Country
33065

4. FEI Number **65-0797046** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Milton Correa
3900 NW CORAL HILLS DRIVE
CORAL SPRINGS, FL 33065

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering) 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

TITLE **P/D** ☐ Delete
 NAME **Milton Correa**
 STREET ADDRESS **3900 NW CORAL HILLS DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Delete
 NAME
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 NAME
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **3900 NW CORAL HILLS DRIVE**
 CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Change ☐ Addition
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3. 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date (Day/Month/Year) Document #

CR2E034 (10/00)