## 2001 UNIFORM BUSINESS REPORT (UBR)

## Feb 09, 2001 8:00 am **EOCUMENT # P98000053818 Secretary of State** 1. Entity Name 02-09-2001 90766 020 \*\*\*150.00 CMT CONSULTING, INC. Principal Place of Business Mailing Address 8542 FOREST RUN LANE 8542 FOREST RUN LANE UUU19831 ORLANDO FL 32836 ORLANDO FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3515112 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRASMANAS, CHRISTIAN Street Address (P.O. Box Number is Not Acceptable) 8542 FOREST RUN LANE ORLANDO FL 32836 Zip Code City FL east for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity sub 2/15/2001 T. TRAOMAÑAS CHRISTIA PRESIDENT SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE ☐ Change ☐ Addition TITLE Delete NAME TRASMANAS, CHRISTIAN NAME STREET ADDRESS STREET ADDRESS 8542 FOREST RUN LANE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐ Change ☐ Addition ☐ Delete TITÍ F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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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 10e 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 trusted employeers the 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 indirective employeered.

SIGNATURE:

| CHRISTIAN +. TRASMANDS | Chapter 607 | Florida Statutes; and that my name appears in Block 11 or Block 12 if the employeered.

| CHRISTIAN +. TRASMANDS | Chapter 607 | Florida Statutes; and that my name appears in Block 11 or Block 12 if the employeered.

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