2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000068480** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** CMC ENTERPRISES, INC. 01-19-2000 90107 010 ***155.00 Mailing Address Principal Place of Business 8514 NW 165 ST 8514 NW 165 ST MIAMI FL 33016 MIAMI FL 33016-6134 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0855067 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAMAH, MIGUEL A Street Address (P.O. Box Number is Not Acceptable) 8371 NW 166 TERRACE MIAMI FL 33016 Zip Code City FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME MONTESANO, JESUS NAME STREET ADDRESS STREET ADDRESS 8514 NW 165 STREET CITY-ST-ZIP CITY-ST-ZIE **MIAMI FL 33016** ☐ Change ☐ Addition VSTD TITLE TITLE □ Delete CHAMAH, MIGUEL A NAME NAME STREET ADDRESS STREET ADDRESS 8514 NW 165 STREET CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33016 Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE 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

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

SIGNATURE:

MIGUEL A. CHAMAH

Jav/06/2000 (305)835-762.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D

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