

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000080879

1. Entity Name

CM HOLDINGS, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90079 014 ***150.00

Principal Place of Business

Mailing Address

80 SW 8TH STREET, SUITE 2805
 MIAMI FL 33130

P.O. BOX 221380
 HOLLYWOOD FL 33022-1380

2. Principal Place of Business

3. Mailing Address

3149 J.P. Curci DR.

3149 J.P. Curci DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg 1A - Suite 1

Bldg 1A-1

City & State

City & State

Pembroke Park, FL

Pembroke Park, FL

Zip

Country

33009

USA

Zip

Country

33009

USA

6. Name and Address of Current Registered Agent

4. FEI Number 65-0863767

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MCALPIN, RICHARD J
 80 SW 8TH STREET, SUITE 2805
 MIAMI FL 33130

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 title if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	MARTINI, NINO	
STREET ADDRESS	1311 JEFFERSON STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAPMAN, JAMES	
STREET ADDRESS	4400 GULF SHORE BLVD., #203	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MARTINI, KEVIN	
STREET ADDRESS	3149 N.P. CURCI DRIVE A1A	
CITY-ST-ZIP	PEMBROKE PINES FL 33009	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer/Scty	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hubert Champagne	
STREET ADDRESS	342 Ridgewood Drive	
CITY-ST-ZIP	Rochester, NJ 48308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nino Martini

Date

4/27/00 954-894-9811

Daytime Phone #