2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000080879

1. Entity Name
CM HOLDINGS, INC.

FILED
02 JUL 16 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
~~3149 J.P. CURCI DR.~~	~~3149 J.P. CURCI DR.~~
~~BLDG 1A, STE 1~~	~~BLDG 1A, STE 1~~
~~PEMBROKE PARK, FL 33009~~	~~PEMBROKE PARK, FL 33009~~

06/25/02-90446-014 $150.00

2. Principal Place of Business	3. Mailing Address
523 KIRKLAND AVE	1835 E. HALLANDALE BCH BLVD.
Suite, Apt. #, etc.: PO BOX 491	Suite, Apt. #, etc.: STE. 321
City & State: IRVINE, KY	City & State: HALLANDALE BEACH, FL
Zip: 4336 Country:	Zip: 33009-4681 Country: USA

4. FEI Number 65-0863767 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MARTINI, KEVIN PRES.~~ ~~3149 J.P. CURCI DR., #1A-1~~ ~~PEMBROKE PINES FL 33009.~~	Name: NINO MARTINI Street Address (P.O. Box Number is Not Acceptable): 1835 E HALLANDALE BCH BLVD #321 City: HALLANDALE BCH FL Zip Code: 33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: N. Martini 7.16.02
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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 $550.00 After September 13, 2002 Fee will be $750.00 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TS~~ MARTINI, NINO ~~1311 JEFFERSON STREET~~ ~~HOLLYWOOD FL 33019~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR NINO MARTINI 2420 DIANA DRIVE · UNIT 101 HALLANDALE BCH, FL 33009-4803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ CHAPMAN, JAMES 101 SEXTANT COURT NEW BERN NC 28562	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES, SEC, TREAS, DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~P~~ ~~MARTINI, KEVIN~~ ~~3149 N.P. CURCI DRIVE A1A~~ ~~PEMBROKE PINES FL 33009~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ CHAMPINE, HUBERT 392 RIDGEWOOD DR. ROCHESTER MI 48308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRES, DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (4/02)

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: N. Martini 7.16.02 954.455.3070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #