

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90361 013 ***150.00

DOCUMENT # P98000094374

1. Entity Name

CAPITAL MANAGEMENT & INVESTMENT ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4000 HOLLYWOOD BLVD
535 SOUTH
HOLLYWOOD FL 33021

4000 HOLLYWOOD BLVD
535 SOUTH
HOLLYWOOD FL 33021-6751

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0890877

Applied For

Not Applied For

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

PERDOMO, VICTORIA
9000 SHERIDAN STREET #104
PEMBROKE PINES FL 33024

Name

PERDOMO, VICTORIA

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

4000 HOLLYWOOD BLVD

SUITE 535 SOUTH

City

Hollywood

FL

Zip Code
33021

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

1/31/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VARGAS, HUMBERTO
245 18TH ST #503
MIAMI BEACH FL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

D
PERDOMO, LUIS F
18481 N.W. 23RD PLACE
PEMBROKE PINES FL 33029

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

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00

Date

Daytime Phone #