

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000028873

1. Entity Name
CINNABAR MANAGEMENT, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90085 009 ***150.00

Principal Place of Business Mailing Address
1889 JESSICA CT. **1889 JESSICA CT.**
WINTER PARK FL 32789 **WINTER PARK FL 32789**

50037542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FFI Number 59-3567981		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GIMENEZ, REBEKAH		Name	
1889 JESSICA CT.		Street Address (P.O. Box Number is Not Acceptable)	
WINTER PARK FL 32789			
		City	
		Zip Code	

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 re-issuing) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 '01	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GIMENEZ, REBEKAH G	NAME	
STREET ADDRESS	1889 JESSICA CT.	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GIMENEZ, CARLOS	NAME	
STREET ADDRESS	1889 JESSICA CT.	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	RAMPY, PHILIP C	NAME	
STREET ADDRESS	505 E. AMELIA ST.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32801	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Rebekah Gimenez* **4-18-01** **9076453153**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)