

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90003 018 ***150.00

DOCUMENT # P99000030306
 1. Entity Name
C.M.R. FINANCIAL SERVICES, INC.

Principal Place of Business Mailing Address
1790 W. 49 ST STE 315 1790 W. 49 ST STE 315
HALEAH, FL. 33012 HALEAH, FL. 33012

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 65-0972992 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CARLOS M. DE ROJAS
1790 W. 49 ST. STE 315
HALEAH, FL. 33012
 7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 CARLOS M. DE ROJAS
 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. ☐ FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2003 Fee will be \$550.00
 Make Check Payable to Department of State
 10. Election Campaign Financing ☐ \$5.00
 Trust Fund Contribution. 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	<u>DP</u> <u>CARLOS M. DE ROJAS</u> <u>14121 CYPRESS CT.</u> <u>MIAMI LAKES, FL. 33014</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D</u> <u>MARIA M. DE ROJAS</u> <u>14121 CYPRESS CT.</u> <u>MIAMI LAKES, FL. 33014</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE 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: CARLOS M. DE ROJAS 4/23/02 305-578-16795
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (\$99)