

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90561 013 ***150.00

DOCUMENT # P99000039496

1. Entity Name

C M INVESTMENTS GROUP, INC.

Principal Place of Business

**999 WASHINGTON AVENUE
 MIAMI BEACH FL 33139**

Mailing Address

**999 WASHINGTON AVENUE
 MIAMI BEACH FL 33139**

2. Principal Place of Business

2930 Biscayne Blvd
 Suite, Apt. #, etc.

3. Mailing Address

2930 Biscayne Blvd
 Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33137

Country
USA

Zip
33137

Country
USA

4. FEI Number

65-0915351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CHRISTENBURY, SHARON ESQ
 555 NE 15TH ST
 SECOND FLOOR
 MIAMI FL 33132**

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

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, 2002 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	ZDON, JOSEPH	555 NE 15 ST 2ND FL	MIAMI FL 33132	<input type="checkbox"/>
CD	KAHN, SONNY	555 NE 15 ST 2ND FL	MIAMI FL 33132	<input type="checkbox"/>
PD	GALBUT, RUSSELL W	555 NE 15 ST 2ND FL	MIAMI FL 33132	<input type="checkbox"/>
SVPD	MENIN, BRUCE A	555 NE 15 ST 2ND FL	MIAMI FL 33132	<input type="checkbox"/>
VP	CHEISTENBURY, SHARON	555 NE 15 ST 2ND FL	MIAMI FL 33132	<input type="checkbox"/>
S	DACHOH, SHLOMO	555 NE 15 ST 2ND FL	MIAMI FL 33132	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		2930 Biscayne Blvd	Miami FL 33137	<input type="checkbox"/>
		2930 Biscayne Blvd	Miami FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2930 Biscayne Blvd	Miami FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2930 Biscayne Blvd	Miami FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2930 Biscayne Blvd	Miami FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2930 Biscayne Blvd	Miami FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Sharon Christenbury, Vice President 4/5/02 305-374-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)