

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90051 008 \*\*\*150.00

**DOCUMENT # P99000040150**

1. Entity Name

**CUMM PARTNERS, INC.**

Principal Place of Business

**1000 S DIXIE HWY W  
 UNIT 4 & 5  
 POMPANO BEACH FL 33060**

Mailing Address

**1000 S DIXIE HWY W  
 UNIT 4 & 5  
 POMPANO BEACH FL 33060**



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 **65-0919257**

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

**CUMMINGS, HILDAMAR  
 3080 N COURSE DR  
 UNIT 108  
 POMPANO BEACH FL 33069**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **CUMMINGS, HILDAMAR**  
 STREET ADDRESS **3080 N COURSE DR #108**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CUMMINGS, PHILLIP**  
 STREET ADDRESS **1 LAS OLAS CIRCLE #1205**  
 CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☒ Change ☐ Addition  
 NAME **D. CUMMINGS, PHILLIP**  
 STREET ADDRESS **12103 N.W. 19 ST**  
 CITY-ST-ZIP **PLANTATION, FL 33323**

TITLE **D** ☐ Delete  
 NAME **CUMMINGS, KEITH**  
 STREET ADDRESS **4355 REGAL WOOD TERRACE**  
 CITY-ST-ZIP **BURTONSVILLE MD 20866**

TITLE ☒ Change ☐ Addition  
 NAME **D. CUMMINGS, KEITH**  
 STREET ADDRESS **526 E. WILLOW LANE**  
 CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE **D** ☐ Delete  
 NAME **CUMMINGS, HOWARD**  
 STREET ADDRESS **3080 N COURSE DRIVE #108**  
 CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **CUMMINGS, CHRIS**  
 STREET ADDRESS **1143 SW 9 COURT**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33023**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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: SIGNATURE R HOWARD CUMMINGS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/02**

Date

**954-536-1008**

Daytime Phone #

CR2E034 (9/01)