

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P99 0000477774~~

1. Entity Name

CMA Holdings, Inc.

Principal Place of Business

224 Datura Street #100  
West Palm Beach, FL 33401

Mailing Address

2. Principal Place of Business

~~Above~~

Suite, Apt. #, etc.

3. Mailing Address

~~Above~~

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

~~165-09236160~~

Applied For

Not Applicable

Zip

Country

Zip

Country

~~USA~~

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Robert Cusenza

1195 N. Military Trail #1-B  
West Palm Beach, FL 33409

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)

~~APRIL 15, 2002 FEE: \$100.00  
MAY 15, 2002 FEE: \$50.00  
MAY 15, 2002 FEE: \$50.00~~

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

PSTD

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~Robert Cusenza  
1195 N. Military Tr # 1-B~~

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~West Palm Bah, FL 33409~~

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TITLE  
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CITY-ST-ZIP

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

FILED  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90426 044 \*\*\*150.00

4-90-09 561-683-6335

Daytime Phone #

SIGNATURE:  **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR