

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071825

1. Entity Name

CMS CONSULTING GROUP OF SOUTH FLORIDA, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90026 014 ***150.00

Principal Place of Business

600 NE 36TH STREET SUITE 2016
MIAMI FL 33137

Mailing Address

600 NE 36TH STREET SUITE 2016
MIAMI FL 33137-3944

2. Principal Place of Business

16783 Hemingway Drive

3. Mailing Address

16783 Hemingway Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL.

City & State

Weston, FL.

Zip

33326

Country

USA

Zip

33326

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0940059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERNA, CLAUDIA

600 NE 36TH STREET SUITE 2016
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name

Claudia Serna

Street Address (P.O. Box Number is Not Acceptable)

16783 Hemingway Drive

City

Weston

FL

Zip Code

33326

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

Claudia Serna, Director 5/18/00

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS SERNA, CLAUDIA
CITY-ST-ZIP 600 NE 36TH STREET SUITE 2016
MIAMI FL 33137

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P, S, D
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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: Claudia Serna 5/18/00 305-256-9626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)