

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000096348

1. Entity Name

CMS TECHNOLOGIES CORP.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90127 004 ***158.75

Principal Place of Business

5525 W. 26 ST. #204
HIALEAH FL 33016

Mailing Address

5525 W. 26 ST. #204
HIALEAH FL 33016-4791

2. Principal Place of Business

5525 W. 26 CT.

Suite, Apt. #, etc.

204

City & State
HIALEAH, FL.

Zip
33016

Country
U.S.

3. Mailing Address

5525 W. 26 CT

Suite, Apt. #, etc.

204

City & State
HIALEAH, FL.

Zip
33016

Country
U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0962357

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

SUMMERS, MARC B
5525 W. 26 ST. #204
HIALEAH FL 33016

Name

MARC B. SUMMERS

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

5525 W. 26 CT #204

City

HIALEAH

FL

Zip Code
33016

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SUMMERS, MARC B
5525 W. 26 ST. #204
HIALEAH FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
MARC B. SUMMERS
5525 W 26th Ct. #204
HIALEAH, FL. 33016 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVP
C. SUSANNA SUMMERS
5525 W 26th Ct. #204
HIALEAH, FL. 33016 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

MARC B. SUMMERS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/11/00

Daytime Phone #

(205) 819-0970

CR2E034 (9/99)