2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000107953 1. Entity Name CAMPBELL MANAGEMENT GROUP, INC.				FILED May 11, 2000 8:00 am Secretary of State 02-29-2000 90242 047 ***150.00	
Principal Place of Business Mailing Address					
1881 N.W. 35TH AVENUE FORT LAUDERDALE FL 33311		1881 N.W. 35TH AVENUE FORT LAUDERDALE FL 33311			
2. Principal Place of Business (1997)		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		00 NOT WRITE IN THIS SPACE	
City & State		City & State		A FEI Number Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	
RODRIGUEZ, CLIFTON H CPA 3146 NW 68 STREET FORT LAUDERDALE FL 33309			Street Ad	Address P.O. Box Number is Not acceptable) Address P.O. Box Number is Not acceptable) Lauderdale FL 3 3 3 1	
9. This corpo Tax filing re	Signature, typid or priviley name of registered agent of ration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	FOLK NOW!	ill FEE IS \$150.0 100 Fee will be \$5	\$550.00 . Trust Fund Contribution. Added to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D PD CAMPBELL, GLEN 1881 N.W. 35TH AVENUE FORT LAUDERDALE FL 33311	DIRECTORS Delete	12. TITLE NAME STREET ADDRESS CITY-SY-ZIP	Fr. Laudardale, Furion 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Neville Jones	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 'Addition'	
TITLE NAME STREET ADORESS 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	
indicated of the co	d on this report or supplemental report is rporation or the receiver or trustee empt, t, or on an attachment with an address.	it rue and accurate and that owered to execute this report with all other like empowered in the state of the	my signature shall he tas required by Chad.	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information all have the same legal effect as if made under oath; that I am an officer or director Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Daytime Phone *	