

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90079 045 ***150.00

DOCUMENT # S17091

1. Entity Name
C. G. B. M. T. ENTERPRISES, INC.

Principal Place of Business Mailing Address
245 AVALANCHE DRIVE **245 AVALANCHE DRIVE**
ROCHESTER HILLS MI 48309 **ROCHESTER HILLS MI 48309-1351**

B0005506



DO NOT WRITE IN THIS SPACE

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 **65-0221932** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GARAVAGLIA, CHARLES
4550 18TH AVENUE N.W.
APT. 207
POMPANO BEACH FL 33064

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) **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	P	<input type="checkbox"/> Delete
NAME	GARAVAGLIA, MARY ANN <i>GARAVAGLIA</i>	
STREET ADDRESS	245 AVALACHA DR.	
CITY-ST-ZIP	ROCHESTER HILLS MI 48309	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GARAVAGLIA, MARY ANN	
STREET ADDRESS	245 AVALANCHE DR.	
CITY-ST-ZIP	ROCHESTER HILLS MI	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARAVAGLIA, CHARLES L	
STREET ADDRESS	4550 18TH AVE NW #2-207	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	GARAVAGLIA, CHARLES	
STREET ADDRESS	245 AVALACHE DR.	
CITY-ST-ZIP	ROCHESTER HILLS MI 48309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES LEWIS GARAVAGLIA	
STREET ADDRESS	245 AVALANCHE DR	
CITY-ST-ZIP	ROCHESTER HILLS MICHIGAN 48309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary Ann Garavaglia* **MARY ANN GARAVAGLIA** 1/10/2000 248-375-1963
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)