

DOCUMENT # S17091

1. Entity Name

C. G. B. M. T. ENTERPRISES, INC.

Principal Place of Business

~~245 AVALANCHE DRIVE~~  
~~ROCHESTER HILLS MI 48309~~

Mailing Address

~~245 AVALANCHE DRIVE~~  
~~ROCHESTER HILLS MI 48309~~

2. Principal Place of Business

145 KNOBBY VIEW DR.

3. Mailing Address

145 KNOBBY VIEW DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HIGHLAND MICHIGAN

City & State

HIGHLAND MICHIGAN

Zip

48357

Country

OAKLAND

Zip

48357

Country

OAKLAND

6. Name and Address of Current Registered Agent

GARAVAGLIA, CHARLES  
4550 18TH AVENUE N.W.  
APT. 207  
POMPAÑO 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, 2001 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	NAME	GARAVAGLIA, MARY ANN	<input type="checkbox"/> Delete
STREET ADDRESS	245 AVALACHA DR.			
CITY-ST-ZIP	ROCHESTER HILLS MI 48309			
TITLE	VP	NAME	GARAVAGLIA, CHARLES LEWIS	<input type="checkbox"/> Delete
STREET ADDRESS	245 AVALANCHE DR.			
CITY-ST-ZIP	ROCHESTER HILLS MI			
TITLE	V	NAME	GARAVAGLIA, CHARLES L	<input type="checkbox"/> Delete
STREET ADDRESS	4550 18TH AVE NW #2-207			
CITY-ST-ZIP	POMPAÑO BEACH FL			
TITLE	V	NAME	GARAVAGLIA, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	245 AVALANCHE DR.			
CITY-ST-ZIP	ROCHESTER HILLS MI 48309			
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	MARY ANN GARAVAGLIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	145 KNOBBY VIEW DR			
CITY-ST-ZIP	HIGHLAND MICH 48357			
TITLE	VP	NAME	CHARLES LEWIS GARAVAGLIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	145 KNOBBY VIEW DR.			
CITY-ST-ZIP	HIGHLAND MICH. 48357			
TITLE	V	NAME	CHARLES J. GARAVAGLIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	25419 LIBERTY LANE			
CITY-ST-ZIP	FARMINGTON HILLS MICH 48335			
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 I's empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-01

Date

1-248-889-2488

Daytime Phone #

CR2E034 (10/00)

FILED  
Jan 17, 2001 8:00 am  
Secretary of State

01-17-2001 90081 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE