

DOCUMENT # S17091

1. Entity Name

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

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

01-17-2001 90081 022 ***150.00

Principal Place of Business

Mailing Address

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

~~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.



DO NOT WRITE IN THIS SPACE

City & State

HIGHLAND MICHIGAN

City & State

HIGHLAND MICHIGAN

4. FEI Number

65-0221932

Applied For

Not Applicable

Zip

48357

Country

OAKLAND

Zip

48357

Country

OAKLAND

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

GARAVAGLIA, CHARLES
4550 18TH AVENUE N.W.
APT. 207
POMPANO BEACH FL 33064

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GARAVAGLIA, MARY ANN	
STREET ADDRESS	245 AVALACHA DR.	
CITY-ST-ZIP	ROCHESTER HILLS MI 48309	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARAVAGLIA, CHARLES LEWIS	
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 AVALANCHE 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		

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

SIGNATURE:

Charles Lewis Garavaglia
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-01

Date

1-248-889-2488

Daytime Phone #

CR2E034 (10/00)