

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

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARY ANN GARAVAGLIA</b>	
STREET ADDRESS	<b>145 KNOBBY VIEW DR</b>	
CITY-ST-ZIP	<b>HIGHLAND Mich 48357</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHARLES LEWIS GARAVAGLIA</b>	
STREET ADDRESS	<b>145 KNOBBY VIEW DR.</b>	
CITY-ST-ZIP	<b>HIGHLAND Mich. 48357</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Charles J. Garavaglia</b>	
STREET ADDRESS	<b>25419 LIBERTY LANE</b>	
CITY-ST-ZIP	<b>FARMINGTON HILLS Mich 48335</b>	
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** **1-248-889-2488**  
 Date Daytime Phone #

CR2E034 (10/00)