

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V34821

1. Entity Name

CSMC OF RHODE ISLAND, INC.

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90084 007 \*\*\*150.00

Principal Place of Business

3250 MARY STREET  
 5TH FLOOR  
 MIAMI FL 33133

Mailing Address

3250 MARY STREET  
 5TH FLOOR  
 MIAMI FL 33133-5232

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

65-0346225

Applied For

Not Applicable

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

WEISER, SHERWOOD M  
 3250 MARY STREET  
 STE500  
 MIAMI FL 33133

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DCP	<input type="checkbox"/> Delete
NAME	WEISER, SHERWOOD M	
STREET ADDRESS	3250 MARY ST., STE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	WEISER, JUDITH	
STREET ADDRESS	3250 MARY ST., STE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	DAS	<input type="checkbox"/> Delete
NAME	LEFTON, DONALD E	
STREET ADDRESS	3250 MARY ST. STE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER, ROBYN C	
STREET ADDRESS	3250 MARY STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	TEMLING, W. PETER	
STREET ADDRESS	3250 MARY ST., STE 500	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	HEWITT, THOMAS F	
STREET ADDRESS	3250 MARY ST., STE 500	
CITY-ST-ZIP	MIAMI FL	

TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, SHERWOOD M.	
STREET ADDRESS	3250 MARY ST., STE 500	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	DAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER JUDITH	
STREET ADDRESS	3250 MARY ST., STE 500	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	DAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFTON, DONALD E.	
STREET ADDRESS	3250 MARY ST., STE. 500	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, ROBYN C	
STREET ADDRESS	3250 MARY STREET	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	33133	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. PETER  
 TEMLING

Date

Daytime Phone #

4/24/00 (305) 445-2493

CR2E034 (9/99)