

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 91014 030 ***150.00

0128468

DOCUMENT # 247061

1. Entity Name

COMPASS FINANCIAL GROUP, INC.

Principal Place of Business 3050 N. FEDERAL HWY., SUITE 208 LIGHTHOUSE POINT FL 33064	Mailing Address 3050 N. FEDERAL HWY., SUITE 208 LIGHTHOUSE POINT FL 33064
---	---

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0939528**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHEIN, JAY L.
3050 N. FEDERAL HWY., #208
LIGHTHOUSE FL 33064**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	SHEIN, JAY L.		
3050 N. FEDERAL HWY.#208	3050 N. FEDERAL HWY.#208		
LIGHTHOUSE POINT FL	LIGHTHOUSE POINT FL		
VTDS	SHEIN, VAL M.		
3050 N. FEDERAL HWY.#208	3050 N. FEDERAL HWY.#208		
LIGHTHOUSE POINT FL	LIGHTHOUSE POINT FL		

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: *Val M. Shein* V.M. Shein 3/27/01 (954) 946-8501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)