FILED

2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State P94000087107 DOCUMENT # 1. Entity Name 04-02-2002 90063 013 ***150.00 LIBRARY SALES, INC. Principal Place of Business Mailing Address 2001 SW 31 AVE.STREET 2001 SW 31 AVE.STREET PEMBROKE PARK FL 33009 PEMBROKE PARK FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0540354 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COMER, PHIL ... Street Address (P.O. Box Number is Not Acceptable) LIBRARY SALES, INC. 2001 SW 31 AVE. PEMBROKE PARK FL 33009 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election: Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE TITLE ☐ Delete COMER, PHIL NAME NAME STREET ADDRESS 328 PALM BLVD. STREET ADDRESS FT. LAUDERDALE FL 33326 CITY-ST-ZIP CITY-ST-ZIP **Change** Addition ÝΡ ☐ Delete TITLE TITLE Danny Come NAME NAME COMER, DANNY STREET ADDRESS STREET ADDRESS **500 BONNIE BRAE WAY** CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33021 □ Change ☐ Addition ☐ Delete TITLE TITLE COMER, MIRIAM NAME STREET ADDRESS STREET ADDRESS 328 PALM:BLVD. CITY-ST-ZIP FT. LAUDERDALE FL 33326 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 like empowered.