

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90113 002 \*\*\*150.00

**DOCUMENT #** P97000086241 ✓  
**1. Entity Name**  
 COMMONWEALTH WHOLESALE CORPORATION

<b>Principal Place of Business</b> 20801 BISCAYNE BLVD. SUITE 301 AVENTURA FL 33180	<b>Mailing Address</b> 20801 BISCAYNE BLVD SUITE= 301 AVENTURA FL 33180
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80057149

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 1140 E.Hallandale Bch Suite, Apt. #, etc. Blyd Suite B City & State Hallandale FL 33009 Zip 33009	<b>3. Mailing Address</b> 1140 E. Hallandale Bch Suite, Apt. #, etc. Blyd Suite B City & State Hallandale FL 33009 Zip 33009
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<b>4. FEI Number</b> 65-0780857	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**  
 GEORGE A. MINSKI, ESQ.  
 4651 SHERIDAN ST., SUITE 325  
 HOLLYWOOD, FL 33021

**7. Name and Address of New Registered Agent**  
 CHARLES J. BENNARDINI, ESQ.  
 C/O TEW CARDENAS REBAK ET AL  
 319 CLEMATIS STREET, SUITE 1000  
 WEST PALM BEACH, FL 33401

**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** *Charles J. Bennardini* Charles J. Bennardini 3/28/00  
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)

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSE, NEAL I   	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, BRADLEY A   	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	  1140 E.Hallandale Bch Blvd Suite B, Hallandale FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	  1140 E.Hallandale Bch Blvd Suite B. Hallandale FL 33009	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** *Bennardini* 4/5/00 9544589998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)