FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am P97000086241 DOCUMENT # **Secretary of State** 1. Entity Name 02-17-2002 90080 011 ***150.00 COMMONWEALTH WHOLESALE CORP. Principal Place of Business Mailing Address 1140 E HALLANDALE BEACH 1140 E HALLANDALE BEACH BLVD STE B BLVD STE B HALLANDALE FL 33009 HALLANDALE FL 33009 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0780857 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENNARDINI, CHARLES J ESQ Street Address (P.O. Box Number is Not Acceptable) SULLE 140 BOCA CORPU C/O KATZMAN, WASSERMAN, & BERNARDINI 319 CLEMATIS STREET STE-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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE Delete TITLE Change Addition ROSE, NEAL I NAME NAME 1140 E HALLANDALE BCH BLVD STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition YOUNG, BRADLEY A NAME NAME 1140 E HALLANDALE BCH BLVD STREET ADDRESS STREET ADDRESS HALLANDALE FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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