

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 08, 2005 8:00 am
Secretary of State

05-03-2005 90085 019 ***150.00

DOCUMENT # P04000072843			
1. Entity Name COLLIER PROPERTY AND BUSINESS MANAGEMENT, INC.			
Principal Place of Business 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181		Mailing Address 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181	
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 20-1129781		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$9.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POMERANZ, MARK L 12955 BISCAYNE BOULEVARD SUITE 202 NORTH MIAMI, FL 33181		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named agent, I, <u>Mark L. Pomeranz</u> , authorize this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE: <u>Mark L. Pomeranz</u>		DATE: <u>4/26/05</u>	
FILE NOW!! FEB IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Roy H. Pomeranz 12955 Biscayne Boulevard Suite 202 North Miami, FL 33181	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an affidavit with all other like empowered.			
SIGNATURE: <u>Roy H. Pomeranz</u>		DATE: <u>4/26/05</u> (305) 891-5858	

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