

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

04-17-2001 90125 035 ***150.00

DOCUMENT # 466221

1. Entity Name

CONTINENTAL FLORIDA MATERIALS INC.

Principal Place of Business

6600 N ANDREWS AVE
 SUITE 200
 FORT LAUDERDALE FL 33309
 US

Mailing Address

P O BOX 93-9007
 MARGATE FL 33093-9007
 US

3608



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-1616110**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DAIELLO, THOMAS D ESO.
4800 N. FEDERAL HWY., SUITE 307B
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name **CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

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.

PETER F. SOUZA
 ASSISTANT SECRETARY

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/3/01

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

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **MATAYA, JEFFEREY M**
 STREET ADDRESS **6600 N ANDREWS AVE STE 200**
 CITY-STATE-ZIP **FORT LAUDERDALE FL 33309**

TITLE **VP** ☒ Delete
 NAME **SOBERG, ASLE**
 STREET ADDRESS **6600 N ANDREWS AVE STE 200**
 CITY-STATE-ZIP **FORT LAUDERDALE FL 33309**

TITLE **S** ☐ Delete
 NAME **BROZYNA, JEFFERY H**
 STREET ADDRESS **6600 NORTH ANDREWS AVE., SUITE 200**
 CITY-STATE-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☒ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE **ASSISTANT TREASURER,** ☐ Change ☐ Addition
 NAME **KAREN DAMIANI**
 STREET ADDRESS **6600 N ANDREWS AVE STE 200**
 CITY-STATE-ZIP **FORT LAUDERDALE FL 33309**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-STATE-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.

SIGNATURE: KAREN DAMIANI, ASSISTANT TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/01 954-351-1800 X222

Date

Daytime Phone #

CR2E034 (10/00)