

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90052 002 ***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
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

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 CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			
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 entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (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) ☐	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATAYA, JEFFEREY M 6600 N ANDREWS AVE STE 200 FORT LAUDERDALE FL 33309 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBERT CARDONNE 6600 N ANDREWS AVE STE 200 FORT LAUDERDALE FL 33309 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT DAMIAMI, KAREN 6600 N ANDREWS AVE STE 200 FORT LAUDERDALE FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROZYNA, JEFFRY H 6600 NORTH ANDREWS AVE., SUITE 200 FORT LAUDERDALE FL 33309 ☐ 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
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

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 DAMIAMI* **1/15/02 954-351-1800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)