

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90146 050 ***150.00

DOCUMENT # 494806

1. Entity Name

CONTEMPORARY COMMUNITY CONCEPTS CORPORATION

Principal Place of Business

Mailing Address

% JULES S.MINKER
4362 NORTHLAKE BLVD., STE 217
PALM BEACH GARDENS FL 33410
US

% JULES S.MINKER
4362 NORTHLAKE BLVD., STE 217
PALM BEACH GARDENS FL 33410
US

2. Principal Place of Business

3. Mailing Address

9000 Burma Road
 Suite, Apt. #, etc.
Suite 102

9000 Burma Road
 Suite, Apt. #, etc.
Suite 102

City & State
Palm Beach Gardens FL

City & State
Palm Beach Gardens FL

Zip
33403

Zip
33403



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2048978

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional**
 Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MINKER, JULES S
4362 NORTHLAKE BLVD., STE 217
PALM BEACH GARDENS FL 33410

Name

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

9000 Burma Road
Suite 102

City
Palm Bch Gdns

FL

Zip Code
33403

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

(NOTE: Registered Agent signature required when reinstating)

4/17/02
 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
 NAME **MINKER, JULES S**
 STREET ADDRESS **4362 NORTHLAKE BLVD., STE. 217**
 CITY-ST-ZIP **PALM BEACH GRDNS FL 33410** ☐ Delete

TITLE
 NAME *9000 Burma Road, Suite 102*
 STREET ADDRESS *Palm Bch Gdns, Fla 33403*
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **V**
 NAME **MINKER, LINDA**
 STREET ADDRESS **4362 NORTHLAKE BLVD., STE. 217**
 CITY-ST-ZIP **PALM BEACH GRDNS FL 33410** ☐ Delete

TITLE
 NAME *9000 Burma Road, Suite 102*
 STREET ADDRESS *Palm Bch Gdns, Fla 33403*
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 *561-7753660*
 Date Daytime Phone #

CR2E034 (9/01)