

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91567 006 ***150.00

DOCUMENT # 622342

1. Entity Name
CONTEMCO MANAGEMENT ASSOCIATES, INC.

Principal Place of Business

**4362 NORTHLAKE BLVD
 217
 PALM BEACH GARDENS FL 33410
 US**

Mailing Address

**4362 NORTHLAKE BLVD
 217
 PALM BEACH GARDENS FL 33410
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9000 Burma Road
 Suite 102
 Palm Beach Gardens FL
 33403
 US**

3. Mailing Address

**9000 Burma Road
 Suite 102
 Palm Beach Gardens FL
 33403
 US**

4. FEI Number **59-2761139**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MINKER, JULES S.
 4362 NORTHLAKE BLVD STE 211
 PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent

**9000 Burma Road Suite 102
 Palm Beach Gardens FL 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, 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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 NAME
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02
 Date

Daytime Phone #

CR2E034 (9/01)