

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001286

1. Entity Name  
CURRENT ASSET ACQUISITION CORP.

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90319 005 \*\*\*150.00

Principal Place of Business  
212 EAGLETON LAKES BLVD.  
PALM BEACH GARDENS FL 33418

Mailing Address  
C/O LISA MACKLEY  
20401 BARGENE WAY  
GERMANTOWN MD 20874-1160  
US

2. Principal Place of Business  
922 Augusta Pointe Dr

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Palm Beach Gardens, FL

City & State

Zip  
33418

Country  
USA

Zip

Country

4. FEI Number  
52-1965662

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FHS CORPORATE SERVICES, INC.  
11780 US HWY ONE, #300  
NORTH PALM BEACH FL 33408

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  
Signature typed or printed name of registered agent and title if applicable. (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, 2000 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	PDC	<input type="checkbox"/> Delete
NAME	FRIED, MICHAEL S	
STREET ADDRESS	109 N. ADAMS ST.	
CITY-ST-ZIP	ROCKVILLE MD 20850	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FRIED, LOIS S	
STREET ADDRESS	109 N. ADAMS ST.	
CITY-ST-ZIP	ROCKVILLE MD 20850	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CORNBLATT, ARNOLD	
STREET ADDRESS	212 EAGLETON LAKES BLVD.	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 301-816-9115  
Date Daytime Phone #

CR2E034 (9/99)