

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90107 009 ***150.00

06/11/28 AR

DOCUMENT # F99000003123



1. Entity Name
CONSTELLATION CONCEPTS, INC.

Principal Place of Business
**8001 S. ORANGE BLOSSOM TRAIL
SPACE 1160
ORLANDO FL 32809-7654
US**

Mailing Address
**5725 PARADISE DRIVE, SUITE 450
CORTE MADERA CA 94925**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address
2200 POWELL ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. 750

City & State

City & State
EMERYVILLE, CA

4. FEI Number **94-2558718**

Applied For

Not Applicable

Zip

Country

Zip

Country

94608

USA

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
OUF, HAZEM
5725 PARADISE DRIVE, SUITE 450
CORTE MADERA CA 94925**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2200 POWELL ST., Ste 750
EMERYVILLE, CA. 94608**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVD
BENSON, JAMES H
5725 PARADISE DRIVE, SUITE 450
CORTE MADERA CA 94925**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
2200 Powell St, Ste 750
EMERYVILLE CA 94608**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
GHUZZI, JOHN G
5725 PARADISE DRIVE, SUITE 450
CORTE MADERA CA 94925**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2200 POWELL ST, Ste 750
EMERYVILLE, CA. 94608**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *VP, CFO*

1-8-03

510-594-4262

Date

Daytime Phone #

CR2E034 (10/02)