

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003285

1. Entity Name

CONCORD KEYSTONE SALES CORP.

FILED

May 04 2000 8:00 am

Secretary of State

Principal Place of Business  
4000 HOLLYWOOD BLVD. SUITE 650N  
HOLLYWOOD FL 33021

Mailing Address  
4000 HOLLYWOOD BLVD. SUITE 650N  
HOLLYWOOD FL 33021-6751



DO NOT WRITE IN THIS SPACE  
05/04/00 90096 010 \$150

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 22-3130653  
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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
CP	LAMPERT, IRA B	4000 HOLLYWOOD BLVD.	HOLLYWOOD FL 33021	<input type="checkbox"/>
ST	KING, BRIAN F	4000 HOLLYWOOD BLVD.	HOLLYWOOD FL 33021	<input type="checkbox"/>
AS	PRESS, HARLAN I	4000 HOLLYWOOD BLVD.	HOLLYWOOD FL 33021	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 I am empowered.

SIGNATURE: H. D. P. [Signature] Date: 4.25.00 Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)