

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G82762**

1. Entity Name

COMMUNICATIONS STRATEGIES, INC.

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90829 037 ***150.00

Principal Place of Business

**2701 PONCE DELEON BLVD.
SUITE 300
CORAL GABLES FL 33134
US**

Mailing Address

**2701 PONCE DELEON BLVD
SUITE 300
CORAL GABLES FL 33134
US**

2. Principal Place of Business

**13627 DEERING BAY DRIVE
Suite, Apt. #, etc.
#804**

3. Mailing Address

**13627 DEERING BAY DRIVE
Suite, Apt. #, etc.
#804**

City & State

CORAL GABLES FL

City & State

CORAL GABLES FL

4. FEI Number

59-2361384

Applied For

Not Applicable

Zip

33158

Country

USA

Zip

33158

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BUCHSBAUM, FRED
2701 PONCE DELEON BLVD.
SUITE 300
CORAL GABLES FL 33134**

Name

FRED BUCHSBAUM

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

**13627 DEERING BAY DRIVE
#804**

City

CORAL GABLES

FL

Zip Code

33158

7. Name and Address of New Registered Agent

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

Fred Buchsbaum

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, 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 **PSD** ☐ Delete
NAME **BUCHSBAUM, KAREN**
STREET ADDRESS **13627 DEERING BAY DR #804**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VTD** ☐ Delete
NAME **BUCHSBAUM, FRED**
STREET ADDRESS **13627 DEERING BAY DR #804**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **VD** ☐ Delete
NAME **ATWOOD, SAUNDRA**
STREET ADDRESS **3539 CRYSTAL CT.**
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Fred Buchsbaum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02

Date

305-233-5504

Daytime Phone #

CR2E034 (9/01)