

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90147 001 ***317.50

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K49729

1. Entity Name

COMPANIES FOR SALE, INC. ✓

Principal Place of Business

% CALMON B. ROSENBAUM
6101 SUNSET DR. (POB 2000)
S. MIAMI FL 33143

Mailing Address

% CALMON B. ROSENBAUM
6101 SUNSET DR. (POB 2000)
S. MIAMI FL 33143



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROSENBAUM, CALMON B.

6101 SUNSET DR.

(P.O. BOX 2000)

S. MIAMI FL 33243-2000/K

Name

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

City

FL 33243-2000

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 rehashing)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ROSENBAUM, CALMON B.
6101 SUNSET DRIVE
MIAMI FL 33143

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change

☐ Addition

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

Date

Daytime Phone #

CR2034 (9/01)