2002 Uniform Business Report (UBR)

Mar 29, 2002 8:00 am § L14588 DOCUMENT # **Secretary of State** 1. Entity Name 03-29-2002 90208 039 ***158.75 UNISTATES COMMERCIAL OF FLORIDA, INC. Principal Place of Business Mailing Address 8601 NW 34 PL 8601 NW 34 PL #102 A #102 A SUNRISE FL 33351 SUNRISE FL 33351 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State 65-0147992 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SALAMA, NASSER Y Street Address (P.O. Box Number is Not Acceptable) 8601 NW 34 PL #102A SUNRISE FL 33351 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01 ☐ Addition ☐ Delete TITLE TITLE SALAMA, NASSER Y NAME NAME 8601 NW 34 PL #102A STREET ADDRESS STREET ADDRESS SUNRISE FL 33351 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change VPTD ☐ Delete TITLE TITLE SALAMA, NASSER Y NAME NAME STREET ADDRESS 8601 NW 34 PL #102A STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33351 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE SALAMA, NASSER Y NAME STREET ADDRESS 8601 NW 34 PL #102A STREET ADDRESS SUNRISE FL 33351 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.