

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90091 011 \*\*\*150.00

**DOCUMENT # L29995**

**1. Entity Name**  
**CONCESSION SERVICES, INC.**

**Principal Place of Business**

14879 NE 20TH AVE.  
 NORTH MIAMI FL 33181  
 US

**Mailing Address**

14879 NE 20TH AVE.  
 NORTH MIAMI FL 33181  
 US

80138290



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

701 LINCOLN RD  
 Suite, Apt. #, etc.  
 # 106

**3. Mailing Address**

701 LINCOLN RD.  
 Suite, Apt. #, etc.  
 # 106

**City & State**

MIAMI BEACH FL.

**City & State**

MIAMI BEACH, FL.

**4. FEI Number** 65-0161878

Applied For

Not Applicable

Zip  
 33139

Country  
 USA

Zip  
 33139

Country  
 USA

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

KADE, PAUL  
 9300 SOUTH DADELAND BLVD  
 STE 408  
 MIAMI FL 33156-2719

**7. Name and Address of New Registered Agent**

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

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	PD WIESELERG, SHMUEL C/O 14879 NE 20TH AVE. NORTH MIAMI FL 33181	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ERLICH, ILAN C/O 14879 NE 20TH AVE. NORTH MIAMI FL 33181	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

CR2E034 (4/02)

**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 changed, or on an attachment with an address, with an other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-10-02

305-604-0710

Date

Daytime Phone #

Attachment  
Dr. # 629995 -

## Concession Services, Inc.

701 Lincoln Rd. # 106  
Miami Beach, FL. 33139  
Tel: (305) 604-0710  
Fax: (305) 604-0715

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September 12, 2002

Florida Department of State – Division of Corporation  
Uniform Business Report Filing  
PO Box 1500  
Tallahassee, FL. 32302-1500

To Whom It May Concern:

Attached you will find the corporate filing for 2002. Unfortunately we have already submit this report and the payment. Shortly after we submit this payment we have moved and change our address and we believe that something happened to the first payment that we sent out and it even did not return to us. We have checked our bank records and we found that the first check was never cashed. Due to these circumstances we are submitting the report now and requesting to except this payment for the filing as it was originally done without any penalty.

Thank you for you understanding in this matter.

Best Regards,

Concession Services

