

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L98184**

1. Entity Name

**COMTRON CONSULTING INC.**

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90131 016 \*\*\*150.00

Principal Place of Business

**ONE EAST BROWARD BLVD., SUITE 700  
FT. LAUDERDALE FL 33301**

Mailing Address

**9300 SOUTH DADELAND BLVD  
STE 310  
MIAMI FL 33156-2718  
US**

2. Principal Place of Business

3. Mailing Address

**9200 South Dadeland Blvd.**

**Suite, Apt. #, etc.  
Suite 420.**

Suite, Apt. #, etc.

City & State

**City & State  
Miami, FL**

Zip

Country

Zip

Country

**33156**

**USA**

4. FEI Number

**65-0215445**

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

Name

**MAZLOFF, HOWARD W.**

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

**9200 South Dadeland Blvd.,  
Suite 420.**

City

**Miami, FL**

**FL**

Zip Code  
**33156**

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 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 **D** ☐ Delete  
NAME **MARX, ALFRED**  
STREET ADDRESS **9300 SOUTH DADELAND BLVD, STE 310**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ Change ☐ Addition  
NAME **MARX, ALFRED**  
STREET ADDRESS **9200 SOUTH DADLAND BLVD., Ste 420**  
CITY-ST-ZIP **Miami, FL 33156**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/28/00 305 944 6285**  
Date Daytime Phone #

CR2E034 (9/99)