

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98184

1. Entity Name
COMTRON CONSULTING INC.

Principal Place of Business
ONE EAST BROWARD BLVD., SUITE 700
FT. LAUDERDALE FL 33301

Mailing Address
9200 SOUTH DADELAND BLVD
STE 420
MIAMI FL 33156
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

MAZLOFF, HOWARD W
9200 SOUTH DADELAND BLVD
STE 420
MIAMI FL 33156

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME D
STREET ADDRESS MARX, ALFRED
CITY-ST-ZIP 9200 SOUTH DADELAND BLVD., STE 420
MIAMI FL 33156

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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)(l), 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 life empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/21/2002

Date

Daytime Phone #

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90104 037 ***150.00



DO NOT WRITE IN THIS SPACE

0042206
AV

CR2E034 (9/01)

LAW OFFICES OF
Howard W. Mazloff, P.A.

Attachment
Documents #
0970000350804
+ 198184

330314

DADELAND TOWERS
9200 SOUTH DADELAND BOULEVARD
SUITE 420
MIAMI, FLORIDA 33156

TELEPHONE (305) 670-6760
FACSIMILE (305) 670-6799

February 15, 2001

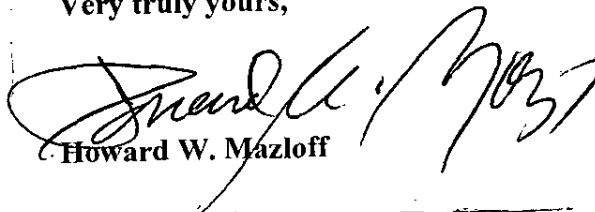
Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Comtron Real Estate Holdings and Comtron Constructing, Inc.

Dear Sir or Madam:

Enclosed please find two 2002 Uniform Business Reports, together with two checks, each in the amount of \$150.00, to cover the fee for each of the above-captioned corporations.

Very truly yours,


Howard W. Mazloff

/dd
Enc.