2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # M22195** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** CONTINENTAL BUYING GROUP, INC. 01-12-2000 90104 008 ***150.00 Principal Place of Business Mailing Address 2901 STIRLING RD. 2901 STIRLING RD. SUITE 309 SHITE 309 FT LAUDERDALE FL 33312-6531 FT LAUDERDALE FL 33312 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2616062 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent WEINMAN, CAROLYN B. 2901 STIRLING ROAD SUITE 203 FORT LAUDERDALE FL 33312-6531 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 (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. TITLE ☐ Change Addition ☐ Delete TITLE WEINMAN, CAROLYN B. NAME NAME STREET ADDRESS STREET ADDRESS 3650 N 36 AVE #14 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Addition Delete TITLE TITLE ndrea Weinman WEINMAN, ANDREA NAME STREET ADDRESS 303 DUNWOODY STREET ADDRESS bunny Isle Beach, Fl 33160 -CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Delete TITLE TITLE WEINMAN, RALPH NAME STREET ADDRESS STREET ADDRESS 3650 N. 36TH AVE #14 CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.