

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M38840

1. Entity Name

COMSTAR CORPORATION

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90007 025 ***150.00

Principal Place of Business

Mailing Address

NW 102ND WAY
PINES FL 33026-1830

P.O. BOX 848696
PEMBROKE PINES FL 33084-0696
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

NOT APPLICABLE

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

BENENFELD, BRUCE J., ESQUIRE
7770 W. OAKLAND PARK BLVD.
STE. 100
SUNRISE FL 33351

Name

NOTE: SAME AGENT - HAVE UPDATED ADDRESS PER YOUR INSTRUCTIONS

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

SUITE 265

2 SOUTH UNIVERSITY DRIVE

City

PLANTATION

FL

Zip Code
33324

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
ELLIOT, BRUCE A.
2410 NW 102 WAY
PEMBROKE PINES FL

☐ Delete

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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:

Bruce A. Elliot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRUCE A. ELLIOT, PRESIDENT

04-21-2000

Date

954 432-2000

Daytime Phone #

CR2E034 (9/99)