

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # *M49180*

1. Entity Name

COMMERCIAL ADVISERS, INC.

02 AUG -8 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

9701 NW 91 COURT

3. Mailing Address

P.O. Box 143436

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY FL

City & State

CORAL GABLES, FL

Zip

33178

Country

DADE

Zip

33114-3436

Country

DADE

FBI Number

59-2805318

Applied

Not App

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ANTHONY J. ESTEVEZ

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

9701 NW 91 COURT

City

MEDLEY

FL

Zip Code

*33178***DO NOT WRITE
IN THIS SPACE**

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 who if applicable:

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 M
Added to F

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP*ANTHONY J. ESTEVEZ
DIRECTOR
P.O. Box 143436
CORAL GABLES, FL 33114-3436*TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP*800007113768--3*
-08/14/02--01067--025
******558.75 *****558.75*TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY J. ESTEVEZ

Date

Daytime Phone #

8/7/02 (305) 885-7770

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Commercial Advisers, Inc.

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- ☒ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- _____ Photo Copy _____
- ☒ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____