

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M78031

1. Entity Name

COMMERCIAL BANKSHARES, INC.

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90406 008 \*\*\*158.75

Principal Place of Business

Mailing Address

% JACK J. PARTAGAS  
1550 SW 57 AVE  
MIAMI FL 33144

% JACK J. PARTAGAS  
1550 SW 57 AVE  
MIAMI FL 33144

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 65-0050176

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

PARTAGAS, JACK J.  
1550 S.W. 57 AVENUE  
MIAMI FL 33144

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

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, 2001 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  
NAME SIMON, SHERMAN  
STREET ADDRESS 9999 COLLINS AVE. 20K  
CITY-ST-ZIP BAL HARBOUR FL

☐ Delete

TITLE DP  
NAME PARTAGAS, JACK J.  
STREET ADDRESS 7540 SW 158TH TERRACE  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE VT  
NAME REED, BARBARA E  
STREET ADDRESS 1550 SW 57 AVE  
CITY-ST-ZIP MIAMI FL 33144

☐ Delete

TITLE DC  
NAME ARMALY, JOSEPH  
STREET ADDRESS 1550 S.W. 57 AVENUE  
CITY-ST-ZIP MIAMI FL 33144

☐ Delete

TITLE D  
NAME YELEN, MARTIN  
STREET ADDRESS 1104 PONCE DE LEON BLVD.  
CITY-ST-ZIP CORAL GABLES FL

☐ Delete

TITLE D  
NAME ANDERSON, CROMWELL  
STREET ADDRESS 1029 HARDEE ROAD  
CITY-ST-ZIP MIAMI FL

☐ Delete

TITLE D  
NAME Yelen, Martin  
STREET ADDRESS 1925 Brickell Ave #1001  
CITY-ST-ZIP Miami, FL 33129

☒ Change ☐ Addition

TITLE D  
NAME Richard J. Bischoff  
STREET ADDRESS 6500 Riviera Drive  
CITY-ST-ZIP Coral Gables, FL

☐ Change ☒ Addition

TITLE D  
NAME Robert Namoff  
STREET ADDRESS 9440 SW 140 Street  
CITY-ST-ZIP Miami, FL 33176

☐ Change ☒ Addition

TITLE D  
NAME Michael W. Sontag  
STREET ADDRESS 14535 SW 63 Court  
CITY-ST-ZIP Miami, FL 33158

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (10/00)