

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90109 003 ***158.75

DOCUMENT # M78031

1. Entity Name
COMMERCIAL BANKSHARES, INC.

Principal Place of Business

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

Mailing Address

% 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's 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, 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 **D** ☐ Delete
 NAME **SIMON, SHERMAN**
 STREET ADDRESS **9999 COLLINS AVE. 20K**
 CITY-ST-ZIP **BAL HARBOUR FL**

TITLE ☐ Change ☐ Addition
 NAME **[REDACTED]**
 STREET ADDRESS **[REDACTED]**
 CITY-ST-ZIP **[REDACTED]**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **BISCHOFF, RICHARD J.**
 STREET ADDRESS **2516 SAN DOMINGO STREET**
 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **NAMOFF, ROBERT**
 STREET ADDRESS **9440 SW 140 STREET**
 CITY-ST-ZIP **MIAMI, FL 33176**

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

TITLE **D** ☐ Change ☒ Addition
 NAME **SONTAG, MICHAEL W.**
 STREET ADDRESS **14535 SW 63 COURT**
 CITY-ST-ZIP **MIAMI, FL 33158**

TITLE **D** ☐ Delete
 NAME **YELEN, MARTIN**
 STREET ADDRESS **1925 BRICKELL AVE #1001**
 CITY-ST-ZIP **MIAMI FL 33129**

TITLE ☐ Change ☐ Addition
 NAME **[REDACTED]**
 STREET ADDRESS **[REDACTED]**
 CITY-ST-ZIP **[REDACTED]**

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

TITLE ☐ Change ☐ Addition
 NAME **[REDACTED]**
 STREET ADDRESS **[REDACTED]**
 CITY-ST-ZIP **[REDACTED]**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)