

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90236 028 \*\*\*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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	<b>SIMON, SHERMAN</b>	
STREET ADDRESS	<b>9999 COLLINS AVE. 20K</b>	
CITY-ST-ZIP	<b>BAL HARBOUR FL</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>PARTAGAS, JACK J.</b>	
STREET ADDRESS	<b>7540 SW 158TH TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE	VT	<input type="checkbox"/> Delete
NAME	<b>REED, BARBARA E</b>	
STREET ADDRESS	<b>1550 SW 57 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
TITLE	DC	<input type="checkbox"/> Delete
NAME	<b>ARMALY, JOSEPH</b>	
STREET ADDRESS	<b>1550 S.W. 57 AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>YELEN, MARTIN</b>	
STREET ADDRESS	<b>1925 BRICKELL AVE #1001</b>	
CITY-ST-ZIP	<b>MIAMI FL 33129</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, CROMWELL</b>	
STREET ADDRESS	<b>1029 HARDEE ROAD</b>	
CITY-ST-ZIP	<b>MIAMI FL 33146</b>	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD J. BISCHOFF</b>	
STREET ADDRESS	<b>2516 SAN DOMINGO STREET</b>	
CITY-ST-ZIP	<b>CORAL GABLES, FL</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROBERT NAMOFF</b>	
STREET ADDRESS	<b>9440 SW 140 STREET</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33176</b>	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL W. SONTAG</b>	
STREET ADDRESS	<b>14535 SW 63 COURT</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33158</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara E. Reed* **Barbara E. Reed** 3/25/03 267-1200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)