

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90946 045 \*\*\*\*61.25

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # NO1000005278**

Entity Name

**COUNCIL OF COMMERCE, INC.**

Principal Place of Business

Mailing Address

350 EAST LAS OLAS BLVD SUITE 1000  
 FORT LAUDERDALE FL 33301

350 EAST LAS OLAS BLVD SUITE 1000  
 FORT LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

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

Name

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

City

FL

Zip Code

FOX, HENRY H  
 350 EAST LAS OLAS BLVD SUITE 1000  
 FORT LAUDERDALE FL 33301

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

Make Check Payable to  
 Department of State

10. OFFICERS AND DIRECTORS

TITLE Director ☐ Delete  
 NAME Henry H. Fox  
 STREET ADDRESS 350 East Las Olas Blvd, Suite 1000  
 CITY-ST-ZIP Fort Lauderdale FL 33301

TITLE Director ☐ Delete  
 NAME Cyril S. Spiro  
 STREET ADDRESS c/o Regent Bank  
 CITY-ST-ZIP 2205 S. University Dr, Davie FL 33324

TITLE Director ☐ Delete  
 NAME Michael J. Donnelly  
 STREET ADDRESS c/o Beacon Management  
 CITY-ST-ZIP 1000 W. McNab Rd, Pompano Bch FL 33069

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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 617, 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: HENRY H. FOX REQUIRE 12/2/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (8/01)