

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

05-15-2002 90093 017 ***150.00

DOCUMENT # **P00000039058**
1. Entity Name
Complete Financial Services, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1000 River Reach Dr Suite, Apt. #, etc. Apt # 204		3. Mailing Address 1000 River Reach Dr Suite, Apt. #, etc. Apt # 204	
City & State Ft Lauderdale, FL		City & State Ft Lauderdale, FL	
Zip 33315	Country USA	Zip 33315	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 05-1002135		<input checked="" type="checkbox"/> Applied For Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent		
	Name Frank Liou Street Address (P.O. Box Number is Not Acceptable) 1000 River Reach Dr Apt # 204 City Ft. Lauderdale Zip Code 33315		

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 **Frank Liou** **4/29/02**
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) ☒

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

11. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	FRANK LIU	1000 River Reach Dr. Apt 204	FT Lauderdale FL 33315
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Frank Liou** **4/29/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)