

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90037 025 ***150.00

DOCUMENT #
1. Entity Name P00000041695
COMSA, INC.

DO NOT WRITE IN THIS SPACE

B0058876

2. Principal Place of Business
10335 SW 53RD STREET
Suite, Apt. #, etc.

3. Mailing Address
10335 SW 53RD STREET
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
COOPER CITY, FL

4. FEI Number
65-1005062
Applied For
Not Applicable

Zip Country
33328 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
COMARTIN, OSCAR M.
Street Address (P.O. Box Number is Not Acceptable)
10355 SW 53rd STREET
City
COOPER CITY FL Zip Code
33328

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 _____ (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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD COMARTIN, OSCAR 10335 sw 53RD STREET COOPER CITY, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOPER CITY, FL 33328 VID	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COMARTIN, MARTA B. 10335 SW 53RD STREET COOPER CITY, FL 33328	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE: [Signature] **3/25/02** **954-434-8170**
DATE: _____ DAYTIME PHONE: _____