

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90176 007 ***150.00

DOCUMENT # P00000041943

1. Entity Name
CAMMARATA REAL ESTATE SERVICES INC.

Principal Place of Business
 707 NE 20TH AVENUE
 FT. LAUDERDALE FL 33304

Mailing Address
 707 NE 20TH AVENUE
 FT. LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1088179

Applied For
 Not Applicable

Zip Country

Zip Country

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

SIMS, H.BRYANT ESQ.
7301 SO. DIXIE HWY.
WEST PALM BEACH FL 33405

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 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 PVS ☐ Delete
NAME CAMMARATA, STEPHANE
STREET ADDRESS 1001 N FEDERAL HWY STE 201
CITY-ST-ZIP HALLANDALE FL 33009

TITLE PVS ☒ Change ☐ Addition
NAME CAMMARATA, Stephane
STREET ADDRESS 707 NE 20TH AVE
CITY-ST-ZIP Fort Lauderdale FL 33304

TITLE TD ☐ Delete
NAME CAMMARATA, STEPHANE
STREET ADDRESS 1001 N FEDERAL HWY STE 201
CITY-ST-ZIP HALLANDALE FL 33009

TITLE TD ☒ Change ☐ Addition
NAME CAMMARATA, Stephane
STREET ADDRESS 707 NE 20TH AVE
CITY-ST-ZIP Fort Lauderdale FL 33304

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE: *Stephane Cammarata* **04/23/2002** **954-415-4835**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

attachment #

964548 CP00000041943

Form **1040-V**
Department of the Treasury
Internal Revenue Service (99)

Payment Voucher

OMB No. 1545-0074

2001

Do not staple or attach this voucher to your payment or return.

1 Your social security number (SSN) 115-84-0333	2 If a joint return, SSN shown second on that return	3 Amount you are paying by check or money order Dollars 151 Cents
4 Your first name and initial STEPHANE		Last name CAMMARATA
If a joint return, spouse's first name and initial		Last name
Home address (number and street) 707 NE 20TH AVENUE		Apt no.
City, town or post office, state, and ZIP code FORT LAUDERDALE, FL 33304		

(HTA)

☐ Not Applicable

Personal

STEPHANE CAMMARATA
707 NE 20TH AVENUE
FORT LAUDERDALE, FL 33304

Internal Revenue Service Center
P.O. Box 105093
Atlanta, GA 30348-5093