

06/11/01

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FILED
Jun 19, 2001 8:00 am
Secretary of State

05-15-2001 90091 007 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000046953**

1. Entity Name

COMMERCIAL CONSULTANTS INTERNATIONAL, INC.

Principal Place of Business

3441 NW 55TH ST
FT LAUDERDALE FL 33309

Mailing Address

3441 NW 55TH ST
FT LAUDERDALE FL 33309

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

65-1007275

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

STERN, RONALD
TWO PROSPECT PARK
3441 SW 55TH ST
FT LAUDERDALE FL 33309

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 registering)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	Pres			
	RON STERN			
	9821 NW 37TH ST			
	SUNRISE FL 33351			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td>☐ Change <td>☐ Addition</td> </td></td></td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td>☐ Change <td>☐ Addition</td> </td></td></td>	STREET ADDRESS <td>CITY-ST-ZIP <td>☐ Change <td>☐ Addition</td> </td></td>	CITY-ST-ZIP <td>☐ Change <td>☐ Addition</td> </td>	☐ Change <td>☐ Addition</td>	☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RON STERN

4-7201

Date

Telephone #