## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 11, 2002 8:00 am P01000035366 DOCUMENT # **Secretary of State** 1. Entity Name 05-08-2002 90120 034 \*\*\*150.00 COMMERCIAL CLUB, INC. Principal Place of Business Mailing Address 4450 WEST 16TH AVENUE #325 4450 WEST 16TH AVENUE #325 T C G C C HIALEAH FL 33012 HIALEAH FL 33012 3. Mailing Address 2. Principal Place of Busines DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LOBAINA, HIPOLITO D 4450 WEST 16TH AVENUE #325 HIALEAH FL 33012 8. The above named entity submits this atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent: SIGNATURE sistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD TITLE TITLE ☐ Delete ☐ Addition NAME LOBAINA, HIPOLITO D NAME 4450 WEST 16TH AVENUE #925 STREET ADDRESS STREET ADDRESS HIALEAH FL 33012 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE LOBAINA, MARIA NAME STREET ADDRESS 4450 WEST 16TH AVENUE #325 STREET ADDRESS HIALEAH FL 330T2 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME

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 true region of the corporation or the receiver or true region of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the indicated on this report or supplication of the corporation or the receiver or trusted to be an attachment with an

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** P01000035366 05-08-2002 90120 034 \*\*\*150.00 1. Entity Name COMMERCIAL CLUB. INC Principal Place of Business Mailing Address 4450 WEST 16TH AVENUE #325 4450 WEST 16TH AVENUE #325 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5... Name and Address of Current Penlatered 7. Name and Address of New Registered Am LOBAINA, HIPOLITÓ D Street Address (P.O. Box Number is Not Acceptable) 4450 WEST 16TH AVENUE #325 HIALEAH FL 33012 6. The above named entity cubmits this stat ent-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 rein 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing sequirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Deleta LOBAINATHIPOLITON. TITLE LOBAINA, HIPOLITO D **MAM**F MALIE 1631W38PL:#1503-A STREET ADDRESS 4450 WEST 16TH AVENUE #325 STREET ADDRESS CITY-ST-712 HIALEAH FL 33012 OTY-ST-ZP TITLE TITLE ☐ Addition NAME LOBAINA, MARIA MAME 4450 WEST 16TH AVENUE #325 STREET ADDRESS STREET ADDRESS CITY-ST-7P HIALEAH FL 33012 --CITY-ST-ZP TALLE Delete The Change Addition: NÁME STREET ADDRESS STREET ADDRESS CITY-ST-719 CITY-ST-ZP TITLE ☐ Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-209 CITY-ST-ZIP TITLE Oalete IIILE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP 13. I hereby certify that the information supplied with this filling 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 in the corporation of the corporation or on an attachment with an address, with all other like empowered.

SIGNATURE:

actachment



38531

## FLORIDA DEPARTMENT OF STATE Katherine Harris

Katherine Harris Secretary of State

June 11, 2002

COMMERCIAL CLUB, INC. 1631 W 38 PL #1503-A HIALEAH, FL 33012

SUBJECT COMMERCIAL CLUB, INC. Ref. Number: P01000035366

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report <a href="https://has.not.been.gited">has not been filed</a> and a copy is being returned for the following:

Florida law does not allow an entity to serve as its own registered agent. Designate a registered agent, other than the entity, with a street address in Florida. The agent must sign if this is a change from the registered agent previously filed with this office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 802A00038326