

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90158 020 ***150.00

DOCUMENT # P01000071323

1. Entity Name
COMP ADVICE, INC.

Principal Place of Business
**9110 FOUNTAINBLEAU BLVD. APT 502
MIAMI FL 33172**

Mailing Address
**9110 FOUNTAINBLEAU BLVD. APT 502
MIAMI FL 33172**

2. Principal Place of Business
9110 Fountainbleau Blvd

3. Mailing Address
9110 Fountainbleau Blvd

Suite, Apt. #, etc.
Suite 502

City & State
Miami FL

Zip
33172

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1128256

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**BOUZA, ERICK
9110 FOUNTAINBLEAU BLVD, APT 502
MIAMI FL 33172**

7. Name and Address of New Registered Agent
Name
Robertson, Rodney
Street Address (P.O. Box Number is Not Acceptable)
13733 SW 170 Tr.
Miami, FL 33177
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 **Rodney T. Robertson** **3-19-02**
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 in 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 NAME STREET ADDRESS CITY-ST-ZIP	D BOUZA, ERICK 9110 FOUNTAINBLEAU BLVD, APT 502 MIAMI FL 33172 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERTSON, RODNEY 13733 SW 170 Tr. Miami, FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTSON, RODNEY 9841 SW 142 CT MIAMI FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALZADA, ALEX 14030 BISCAYNE BLVD, APT 611 MIAMI FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Rodney T. Robertson** **3/19/02** **305-480-0752**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0270267 AV

CR2E034 (9/01)