

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01498

1. Entity Name

CONCERNED BUSINESSMEN'S ASSOCIATION OF AMERICA,

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90117 013 ****70.00

Principal Place of Business

Mailing Address

2601 E VICTORIA
309
RANCHO DOMINGUEZ CA 90220
US

13428 MAXELLA AVE.
248
MARINA DEL REY CA 90292-5620
US

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

95-3658314

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

CHANDLER, CHARLOTTE
520 CLEVELAND ST
CLEARWATER FL 34615

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CET	<input type="checkbox"/> Delete
NAME	AYASH, BARBARA	
STREET ADDRESS	4127 VIA MARINA #413	
CITY-ST-ZIP	MARIANA DEL REY CA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOULD, MURRAY	
STREET ADDRESS	320 SO. MANHATTAN PL.406	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	ID	<input type="checkbox"/> Delete
NAME	DENNIS, DUBIN	
STREET ADDRESS	102 LANCASTER AVE.	
CITY-ST-ZIP	BRYN MAWR PA	
TITLE	DMD	<input type="checkbox"/> Delete
NAME	AYASH, BARBARA	
STREET ADDRESS	4127 VIA MARINA #413	
CITY-ST-ZIP	MARIANA DEL REY CA	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PALMQUIST, RICHARD	
STREET ADDRESS	721 CENTINELA AVE	
CITY-ST-ZIP	INGLEWOOD CA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Ayash
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-2000

Date

Daytime Phone #

CR2E037 (9/99)