

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01498

1. Entity Name

CONCERNED BUSINESSMEN'S ASSOCIATION OF AMERICA,

Principal Place of Business

2601 E VICTORIA  
309  
RANCHO DOMINGUEZ CA 90220  
US

Mailing Address

13428 MAXELLA AVE.  
248  
MARINA DEL REY CA 90292  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CHANDLER, CHARLOTTE  
520 CLEVELAND ST  
CLEARWATER FL 34615

4. FEI Number

95-3658314

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CET  
AYASH, BARBARA  
4127 VIA MARINA #413  
MARIANA DEL REY CA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
GOULD, MURRAY  
320 SO. MANHATTAN PL.406  
LOS ANGELES CA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DENNIS, DUBIN  
102 LANCASTER AVE.  
BRYN MAWR PA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DMD  
AYASH, BARBARA  
4127 VIA MARINA #413  
MARIANA DEL REY CA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
PALMQUIST, RICHARD  
721 CENTINELA AVE  
INGLEWOOD CA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

1-5-01 (310) 764-2090

LOUISIANA



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)