

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Feb 14, 2003 8:00 am
Secretary of State

1/1

01-16-2003 90134 006 ***150.00

DOCUMENT # P02000116851

1. Entity Name
SAM'S COMMERCIAL DEVELOPMENT, INC.
954 9835621



Principal Place of Business
3908 N. CIRCLE DRIVE
HOLLYWOOD FL 33021

Mailing Address
3908 N. CIRCLE DRIVE
HOLLYWOOD FL 33021

2. Principal Place of Business
3908 N. CIRCLE DR
Suite, Apt. #, etc.

3. Mailing Address
3908 N. CIRCLE DR
Suite, Apt. #, etc.

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

Zip
33021

Country
FL

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number P02000116851

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MISHELE, SHMUEL
3908 N. CIRCLE DRIVE
HOLLYWOOD FL 33021

ASOCIAL SECURITIES
138-72 4332

7. Name and Address of New Registered Agent

Name
3908 N. CIRCLE DR
HOLLYWOOD 33021

City FL **Zip Code** 33021

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Shmuel* **DATE** 2.10.03

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MISHELE, SHMUEL		NAME	
STREET ADDRESS 3908 N. CIRCLE DRIVE		STREET ADDRESS	
CITY-ST-ZIP HOLLYWOOD FL 33021		CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 607, 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: **SIGNATURE REQUIRED** *Shmuel* **DATE** 2.10.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)