

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 08, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90018 031 \*\*\*550.00

**DOCUMENT # P04775**

1. Entity Name  
**COMPREHENSIVE CAPITAL CORPORATION**

Principal Place of Business Mailing Address  
**1600 STEWART AVE** **1600 STEWART AVE**  
**STE. 704** **STE. 704**  
**WESTBURY NY 11590** **WESTBURY NY 11590**  
**US** **US**

2. Principal Place of Business 3. Mailing Address  
**1600 STEWART AVENUE** **1600 STEWART AVENUE**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**SUITE 405** **SUITE 405**  
 City & State City & State  
**WESTBURY, N. Y.** **WESTBURY, N. Y.**

Zip Country Zip Country  
**11590 USA** **11590 USA**

4. FEI Number **11-2251217** Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**KEVORKIAN, DEBORAH A**  
**2255 GLADES RD.**  
**STE 321A**  
**BOCA RATON FL 33431**

**7. Name and Address of New Registered Agent**

Name **GOLDBERG, STEVEN H.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2255 GLADES ROAD**  
**SUITE 321A**  
 City **BOCA RATON** **FL** Zip Code **33431**

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 *Steven Goldberg* **STEVEN GOLDBERG** **JULY 31, 2000**  
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 on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>PD</b> <b>SCOPPA, OLGA E.</b> <b>1600 STEWART AVE, STE. 704</b> <b>WESTBURY NY</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STVD</b> <b>KEVORKIAN, STEVEN V.</b> <b>1600 STEWART AVENUE, SUITE 704</b> <b>WESTBURY NY 11590</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1600 STEWART AVE, STE 405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1600 STEWART AVE, STE 405</b>
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Steven Kevorkian* **STEVEN KEVORKIAN CFO (516) 832-8600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)