

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90063 049 ***150.00

DOCUMENT # P04775

1. Entity Name
COMPREHENSIVE CAPITAL CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1600 STEWART AVE. STE. 704 WESTBURY NY 11590 US	Mailing Address 1600 STEWART AVE. STE. 704 WESTBURY NY 11590 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. <i>Suite 405</i>	Suite, Apt. #, etc. <i>Suite 405</i>
City & State	City & State

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

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

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*
 Street Address (P.O. Box Number is Not Acceptable)
2255 Glades Rd.
Ste 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* *4/17/01*
Signature, typed or printed name of registered agent, as 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 \$150.00
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCOPPA, OLGA E. 1600 STEWART AVE, STE. 704 WESTBURY NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVD KEVORKIAN, STEVEN V. 1600 STEWART AVENUE, SUITE 704 WESTBURY NY 11590 <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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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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 Goldberg* *4/17/01 (516) 832-3600*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)