## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # P15872** CONCORD ASSETS GROUP, INC. 01-31-2001 90060 034 \*\*\*150.00 Principal Place of Business Mailing Address 150 EAST PALMETTO PARK RD 150 EAST PALMETTO PARK RD 4TH FLOOR 4TH FLOOR **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 13-3075097 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE FL 32301 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition NAME MANDOR, ROBERT NAME STREET ADDRESS 150 E PALMETTO PK RD 4TH FL STREET ADDRESS CITY-ST-7IP **BOCA RATON FL** CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME MANDOR, LEONARD NAME 150 E PALMETTO PK RD 4TH FL STREET ADDRESS STREET ADDRESS BOCA RATON FL CITY-ST-7IP-CITY-ST-ZIP\_ TITLE Delete Change ☐ Addition NAME SHORE, HARVEY NAME STREET ADDRESS 150 E PALMETTO PK RD 4TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME OTTO, JOSEPH NAME STREET ADDRESS 150 E PALMETTO PK RD 4TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete ☐ Change TITLE TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change 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 tustee 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

obert Mandor 1/24/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC