

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90041 047 \*\*\*150.00

**DOCUMENT # P26700**

**1. Entity Name**  
**COMPONENT ASSOCIATES INCORPORATED**

**Principal Place of Business**  
**1330 W. NEWPORT CENTER DR.**  
**DEERFIELD BEACH FL 33442**  
**US**

**Mailing Address**  
**1330 W. NEWPORT CENTER DR.**  
**DEERFIELD BEACH FL 33442**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **51-0318901**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

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

**ROSOFF JASON E.**  
**2800 N.W. 75TH TERRACE**  
**MARGATE FL 33063**

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

Name: **ROSOFF, JASON E.**

Street Address (P.O. Box Number is Not Acceptable)  
**6133 NW 53 CIRCLE**

City **CORAL SPRINGS FL** Zip Code **33067**

**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** *Jason Rosoff*  
 Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/8/02**  
 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, 2002 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**

**P** ☐ Delete  
**ROSOFF, JASON**  
**2800 NW 75 TERRACE** **6133 NW 53 Circle**  
**MARGATE FL 33063** **Coral Springs, FL 33067**

**V** ☒ Delete  
**HOOPER, CATHY**  
**3731 NE 28 AVE**  
**LIGHTHOUSE POINT FL 33064**

☐ Delete  
 TITLE  
 NAME  
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 CITY-ST-ZIP

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**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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**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: X** *Jason Rosoff* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/02**

Date

**(454) 360-7800**

Daytime Phone #

U396436

CR2E034 (9/01)