

2002 UNIFORM BUSINESS REPORT (UBR)

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip Country Zip Country

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

03-22-2002 90041 047 ***150.00



DO NOT WRITE IN THIS SPACE

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.

Jason Rosoff

3/8/02

SIGNATURE

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 \$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

TITLE P Delete
NAME ROSOFF, JASON
STREET ADDRESS 2800 NW 75 TERRACE 6133 NW 53 Circle
CITY-ST-ZIP MARGATE FL 33063 Coral Springs, FL 33067

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V Delete
NAME HOOPER, CATHY
STREET ADDRESS 3731 NE 28 AVE
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Jason Rosoff*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02 (454) 360-7800

Date

Daytime Phone #

CR2E034 (9/01)