

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000029802

1. Entity Name

CONTRACTING PUBLICATIONS INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90197 009 ***158.75

Principal Place of Business

Mailing Address

5500 NW 15TH ST., STE M-2
MARGATE FL 33063
US

P.O. BOX 935085
MARGATE FL 33093-5085
US

2. Principal Place of Business

1870 N.State Rd.7

3. Mailing Address

P.O. Box 935085

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 111

City & State

Margate, FL 33063

City & State

Margate, FL 33093-5085

Zip

Country

Zip

Country

4. FEI Number

15-0487756

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMMARITANO, MICHAEL
6875 NW 1ST STREET
MARGATE FL 33063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME SAMMARTITANO, MICHAEL
STREET ADDRESS 6875 NW 1ST STREET
CITY-ST-ZIP MARGATE FL 33063

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Sammartitano

4/26/2000

954 974-2516

Date

Daytime Phone #

CR2E034 (9/99)