

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P94000045175

1. Entity Name

CORPORATE ASSET ADVISORS, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90010 006 \*\*\*150.00

Principal Place of Business  
5340 N FEDERAL HWY. 203  
103  
LIGHTHOUSE POINT FL 33064  
US

Mailing Address  
5340 N FEDERAL HWY. 203  
103  
LIGHTHOUSE POINT FL 33064-7058  
US

2. Principal Place of Business  
2499 GLADES ROAD  
Suite, Apt. #, etc.

3. Mailing Address  
2499 GLADES ROAD  
Suite, Apt. #, etc.

City & State  
BOCA RATON FL

City & State  
BOCA RATON FL

Zip  
33431

Country  
USA

Zip  
33431

Country  
USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIAMOND, BARRY A  
5701 N PINE ISLAND RD, 250  
FT LAUDERDALE FL 33321

Name  
Street Address (P.O. Box Number is Not Acceptable)  
9728 W SAMPLE ROAD  
City  
CORAL SPRINGS FL Zip Code  
33065

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] DATE 1/28/00  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KATZ, MICHAEL		NAME		
STREET ADDRESS	5340 N FEDERAL HWY, #103		STREET ADDRESS	2499 GLADES ROAD #113	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	DVT	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRINS, EDMOND		NAME		
STREET ADDRESS	5340 N FEDERAL HW, #103		STREET ADDRESS	2499 GLADES ROAD Suite 113	
CITY-ST-ZIP	LIGHTHOUSE POINT FL		CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(b) 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: [Signature] DATE 3/6/00 DAYTIME PHONE # 561-393-1232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)