

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2002 8:00 am
Secretary of State

0346205 AV

DOCUMENT # P94000067137

1. Entity Name
CBH CORP.

02-18-2002 90009 031 ***150.00

Principal Place of Business

**10839 NW 50 ST
 SUNRISE FL 33351
 US**

Mailing Address

**10839 NW 50 ST
 SUNRISE FL 33351
 US**



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

65-0520140

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MARGOLIS, JOHN A ESQ.
 9990 SW 77TH AVENUE STE. 330
 MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **WOLFE, GORDON**

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

3712 CYPRESS FERN WAY

City **POMPANO BEACH**

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, 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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
 NAME **HATTENBACH, CHRISTOPHER B**
 STREET ADDRESS **1194 GINGER CIR**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33326**

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

TITLE **VP** ☐ Delete
 NAME **WOLFE, GORDON**
 STREET ADDRESS **3712 CYPRESS FERN WAY**
 CITY-ST-ZIP **POMPANO BEACH FL 33065**

TITLE **PD** ☒ 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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02
 Date

954-748-2003
 Daytime Phone #

CR2E034 (9/01)