

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90047 049 ***150.00

DOCUMENT # P94000072444
 1. Entity Name
COMMERCIAL CENTER OF MIAMI MANAGEMENT, INC.

Principal Place of Business Mailing Address
~~6157 NW 167TH ST.~~ ~~6157 NW 167TH ST.~~
 UNIT F-21 UNIT F-21
 MIAMI FL 33015 MIAMI FL 33015
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6187 NW 167 ST **6187 NW 167 ST.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
UNIT H-36 **UNIT H-36**
 City & State City & State
MIAMI FL **MIAMI FL**
 Zip Country Zip Country
33015 MIAMI-DADE **33015 MIAMI-DADE**

4. FEI Number **65-0524727** 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
FRANKLIN, CARL Name: **FRANKLIN, CARL**
6157 NW 167TH ST., F-21 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33015 **6187 NW 167 ST**
UNIT H 36
 City **MIAMI, FL** FL Zip Code **33015**

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 *Carl Franklin* DATE **4-25-02**
 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. ☐ **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	PST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKLIN, CARL		NAME		
STREET ADDRESS	6157 NW 167TH ST., F-21		STREET ADDRESS	6187 NW 167 ST, H36	
CITY-ST-ZIP	MIAMI FL		CITY-ST-ZIP	MIAMI FL 33015	
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		
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)(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: *Carl Franklin* **4/25/02** **305-827-7000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0140/07 AV

CR2E034 (9/01)