

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90230 014 ***150.00

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DOCUMENT # P95000002860

1. Entity Name

CERTIFIED PAYROLL ASSOCIATES, INC.



Principal Place of Business

**7290 KINGHURST DR. 405
DELRAY BEACH FL 33446**

Mailing Address

**7290 KINGHURST DR. 405
DELRAY BEACH FL 33446**

2. Principal Place of Business

1845 PALM COVE BLVD

3. Mailing Address

1845 PALM COVE BLVD

Suite, Apt. #, etc.

205

Suite, Apt. #, etc.

205

City & State

DELRAY BEACH, FL

City & State

DELRAY BEACH, FL

Zip

33445

Country

Zip

33445

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0546090

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~**OSTROSKY, DANIEL
7290 KINGHURST DR, 405
DELRAY BEACH FL 33446**~~

7. Name and Address of New Registered Agent

Name

DANIEL OSTROWSKY

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

1845 PALM COVE BLVD # 205

City

DELRAY BEACH

FL

Zip Code

33445

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees -**

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete
NAME **OSTROWSKY, DANIEL**
STREET ADDRESS **7290 KINGHURST DR, 405**
CITY-ST-ZIP **DELRAY BEACH FL 33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPS** ☒ Change ☐ Addition
NAME **OSTROWSKY, DANIEL**
STREET ADDRESS **1845 PALM COVE BLVD, 205**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DANIEL OSTROWSKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL OSTROWSKY, President 4-14-03 (6) 265-1222

Date

Daytime Phone #

CR2E034 (10/02)