

2002 UNIFORM BUSINESS REPORT (UBR)

\$150.00

U242014 AV

DOCUMENT # P95000003880

1. Entity Name
CAPITAL COMMERCIAL VENTURE FUND, INC.

FILED

02 MAY -3 AM 10:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
C/O SAKOWITZ & SAKOWITZ, CHARTERED
1111 KANE CONCOURSE SUITE 401
BAY HARBOR ISLANDS FL 33154

Mailing Address
C/O SAKOWITZ & SAKOWITZ, CHARTERED
1111 KANE CONCOURSE SUITE 401
BAY HARBOR ISLANDS FL 33154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3292943** 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	
SAKOWITZ, ALAN C/O SAKOWITZ & SAKOWITZ, CHARTERED 1111 KANE CONCOURSE SUITE 401 BAY HARBOR ISLANDS FL 33154		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 _____ (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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENBOIM, ABRAHAM 1111 KANE CONCOURSE SUITE 400 BAY HARBOR ISLANDS FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000005509061-05/14/02--01045--020 ****650.00 ****150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Abraham Greenboim* President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)