(9/01)

CR2E034

**FILED** 

## 2002 Uniform Business Report (UBR)

## Apr 02, 2002 8:00 am Secretary of State P95000010241 **DOCUMENT #** 1. Entity Name 02-2002 90931 017 \*\*\*150 00 COMEDY TRAFFIC SCHOOLS, INC. Principal Place of Business Mailing Address 20801 BISCAYNE BLVD., SUITE 304 20801 BISCAYNE BLVD., SUITE 304 AVENTURA FL 33180-1422 AVENTURA FL 33180-1422 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 Applied For 65-0647352 Not Applicable Zip\* --------Zip? \*\*\* ====\* ==== \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SASLAW, GARY R Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD., SUITE 304 **AVENTURA FL 33180-1422** 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 Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE TITLE ☐ Addition Delete PREMER, HOWARD PREMER, HOWARD NAME NAME 12000 BISCAYNE BLVD STE 705 STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 705 STREET ADDRESS NORTH MIAMI FL 33181 CITY-ST-ZIP NORTH MIAMI, FL. 33181 Ď۷ DVST Addition K Change TITLE ☐ Delete saslaw, gary r SASLAW, GARY R. NAME 20801 BISCAYNE BLVD., SUITE 304 STREET ADDRESS STREET ADDRESS 20801 BISCAYNE BLVD., SUITE 304 AVENTURA FL-33180-1422 CITY-ST-ZIP CITY-ST-7IP <u> AVENTURA, FL. 33180-1422</u> Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME HUFFMAN, CHRISTOPHER O. STREET ADDRESS STREET ADDRESS 12000 BISCAYNE BLVD., SUITE 705 CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI, FL. 33181-TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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 attachmen COMEDY

SIGNATURE: