

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90100 032 ***150.00

DOCUMENT # P95000016445

1. Entity Name

CD-ROM PROFESSIONAL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3741 PEBBLEBROOK MANOR

3. Mailing Address

SOME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

SOME

Zip

33073

Country

Zip

Country

4. F.E.B. Number

65-0560843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name MARLOS ASSAKURA

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

3741 PEBBLEBROOK MANOR

City COCONUT CREEK

FL

Zip Code 33073

**DO NOT WRITE
IN THIS SPACE**

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 X DM TLP

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

(NOTE: Registered Agent signature required when reinstating)

X 04/14/2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE MARLOS ASSAKURA
NAME 3741 PEBBLEBROOK MANOR
STREET ADDRESS COCONUT CREEK, FL 33073
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X DM TLP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/14/2002

Date

Daytime Phone # (954) 428-3353

CR2E034B (12/01)