

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91166 014 ***150.00

DOCUMENT # **795060062426**

1. Entity Name

COMMERCIAL TRADING GROUP, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11103 OAKDALE RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

4. FEI Number

65-0600977

Applied For

Not Applicable

Zip

33437

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

DALE MORRISON, CPA

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

309 NE 1st St

City

DELRAY BEACH

FL

Zip Code

33483

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

Dale Morrison

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

(NOTE: Registered Agent signature required when reinstating)

4/20/02

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. **P. DR.** OFFICERS AND DIRECTORS

TITLE
NAME

CARL ROSENBERG
11103 OAKDALE ROAD
BOYNTON BEACH, FL 33437

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

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CITY-ST-ZIP

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CITY-ST-ZIP

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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:

Carl Rosenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02

CR2E034B (12/01)