

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 30, 2002 8:00 am**  
**Secretary of State**

01-30-2002 90086 025 \*\*\*158.75

**DOCUMENT # P96000019688**

1. Entity Name  
**COMRES, INC.**

Principal Place of Business  
**33 NE 2ND ST.  
FORT LAUDERDALE FL 33301**

Mailing Address  
**33 NE 2ND ST.  
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0685727**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**WELIN, MITCH  
6484 NW 43RD CT.  
POMPANO BEACH FL 33067**

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

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

(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**

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME              | STREET ADDRESS     | CITY-ST-ZIP            | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|-------------------|--------------------|------------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| PD    | WELIN, MITCHELL V | 6484 N.W. 43RD CT. | CORAL SPRINGS FL 33067 | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                   |                    |                        | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                   |                    |                        | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                   |                    |                        | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                   |                    |                        | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                   |                    |                        | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                   |                    |                        | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)