

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-03-2001 90993 010 ***150.00

DOCUMENT # P96000058287

1. Entity Name
COMFREY CORPORATION

24

Principal Place of Business Mailing Address
520 Brickell Key Dr. 520 Brickell Key Dr.
Suite 305 Suite 305
Miami, FL 33131 Miami, FL 33131

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 Applied For
applied for Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7713

6. Name and Address of Current Registered Agent

Freeman, Stephen A.
520 Brickell Key Dr.
Suite 305
Miami, FL 33131

7. Name and Address of New Registered Agent

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 _____ DATE _____
(Signatures of present or former officers or directors of registered agent and also if applicable. (NOTE: Registered Agent signature required when reinstating))

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 15 2001 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

TITLE	PS	<input type="checkbox"/> Delete
NAME	Da Silva Antunes, Carlos Manuel	
STREET ADDRESS	520 Brickell Key Dr., Suite 305	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	AS	
NAME	Haber, Robert	<input type="checkbox"/> Delete
STREET ADDRESS	520 Brickell Key Drive	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 

Robert M Haber

4/18/01

(305)374-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment
3rd Request

Form **SS-4**
(Rev. February 1998)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number
(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, certain individuals, and others. See instructions.)

SIN
OMB No. 1545-0003

Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
Comfrey Corporation

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
520 Brickell Key Drive Suite 305

4b City, state, and ZIP code
Miami, FL 33131

5a Business address (if different from address on lines 4a and 4b)

5b City, state, and ZIP code

6 County and state where principal business is located
Miami-Dade, FL

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) ▶

8a Type of entity (Check only one box.) (see instructions)
Caution: If applicant is a limited liability company, see the instructions for line 8a.

Sole proprietor (SSN) _____

Partnership Personal service corp.

REMIC National Guard

State/local government Farmers' cooperative

Church or church-controlled organization

Other nonprofit organization (specify) ▶ _____

Other (specify) ▶ **Corporation**

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Other corporation (specify) ▶ _____

Trust

Federal government/military

(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State: **Florida** Foreign country: _____

9 Reason for applying (Check only one box.) (see instructions)

Started new business (specify type) ▶ _____

Banking purpose (specify purpose) ▶ _____

Changed type of organization (specify new type) ▶ _____

Purchased going business

Created a trust (specify type) ▶ _____

Other (specify) ▶ _____

Hired employees (Check the box and see line 12.)

Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year) (see instructions)
7/8/96

11 Closing month of accounting year (see instructions)
12/31

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months (Note: If the applicant does not expect to have any employees during the period, enter -0-.) (see instructions)

Nonagricultural: **0** Agricultural: **0** Household: **0**

14 Principal activity (see instructions) ▶ **Real Estate Holding**

15 Is the principal business activity manufacturing? Yes No

If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.

Public (retail) Other (specify) ▶ _____

Business (wholesale) N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ _____ Trade name ▶ _____

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year): _____ City and state where filed: _____ Previous EIN: _____

Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly) ▶ **Carlos Manuel da Silva Antunes**

Business telephone number (include area code)
(305) 374-3800

Fax telephone number (include area code)
(305) 374-1156

Signature ▶ _____ Date ▶ _____

Note: Do not write below this line. For official use only.

Please leave blank ▶

Geo. Ind. Class Size Reason for applying

