

2002 UNIFORM BUSINESS REPORT (UBR)

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

09-03-2002 90117 003 ***550.00

DOCUMENT # P96000060173

1. Entity Name
FLORIDA C.A.M., INC.

Principal Place of Business
**3325 S. UNIVERSITY DRIVE
 SECOND FLOOR
 DAVIE FL 33328-2020**

Mailing Address
**3325 S. UNIVERSITY DRIVE
 SECOND FLOOR
 DAVIE FL 33328-2020**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0681270**

Applied For
 Not Applicable

Zip **Broward** Country

Zip **USA** 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

**KIRK, GENEVIEVE A
 3325 S. UNIVERSITY DRIVE
 SECOND FLOOR
 DAVIE FL 33328-2020**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Genevieve A Kirk*

DATE **8-04-02**

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PST KIRK, ROBERT C		
	694 SW 68TH WAY		
	PEMBROKE PINES FL 33027		
	<i>Genevieve A Kirk</i>		

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 names empowered.

SIGNATURE: *Robert C Kirk*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **Aug. 5, 02** DAYTIME PHONE # **(954) 214-8104**

CR2E034 (4/02)