

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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90216 015 ***150.00

DOCUMENT #P96000082070

1. Entity Name

CAMM ASSOCIATES, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16401 GOLF CLUB RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WESTON FL.

City & State

4. FEI Number

65-0705411

Applied For

Not Applicable

Zip

33326

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HARVEY ROTHSTEIN

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

16401 GOLF CLUB ROAD

101

City

WESTON

FL

Zip Code

33326

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

[Signature] HARVEY ROTHSTEIN

(NOTE: Registered Agent signature required when reinstating)

4/22/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	HARVEY ROTHSTEIN
STREET ADDRESS	16401 Golf Club Rd #101
CITY-ST-ZIP	WESTON FL. 33326
TITLE	VICE PRESIDENT
NAME	GAY D. ROTHSTEIN
STREET ADDRESS	16401 GOLF CLUB RD. #101
CITY-ST-ZIP	WESTON FL. 33326
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] HARVEY ROTHSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03

DATE

954-217-5692

Daytime Phone #

CR2E034B (12/02)