

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010624

1. Entity Name

Cambels Benefits Group, Inc.

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

04-19-2001 90060 011 ***150.00

CU049090

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6080 NW 44th St

3. Mailing Address
6080 NW 44th St

Suite, Apt. #, etc.
Suite 308

Suite, Apt. #, etc.
Suite 308

City & State
Lauderhill, FL

City & State
Lauderhill, FL

4. FEI Number
65-0727679

Applied For
Not Applicable

Zip
33319

Country

Zip
33319

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

Name
Sherman, David A

Street Address (P.O. Box Number is Not Acceptable)
6080 NW 44th St

Suite 308

City
Lauderhill FL Zip Code
33319

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME Sherman, David A
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6080 NW 44th Street, Suite 308
CITY-ST-ZIP Laudershill, FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Sherman

4-11-01
Date

(954) 735-3283

Daytime Phone #

CR2E034 (11/00)