2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am P97000012681 DOCUMENT # **Secretary of State** 1. Entity Name 02-04-2002 90042 007 ***150 00 CFTCOM, INC. Principal Place of Business Mailing Address 2000 W. COMMERCIAL BLVD. 2000 W. COMMERCIAL BLVD. SUITE 232 SUITE 232 FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0739264 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name COLODNY, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2000 W. COMMERCIAL BLVD. **SUITE 232** Zip Code FT LAUDERDALE FL 33309 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. (9/01) ☐ Change ☐ Addition TITLE ☐ Delete TITLE TALENFELD, HOWARD M NAME CR2E034 2000 WEST COMMERCIAL HBLVD. #232 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE DVP NAME NAME FASS, JOEL S. STREET ADDRESS 2000 W COMMERCIAL BLVD #232-STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33309 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME COLODNY, MICHAEL NAME 2000 W COMMERCIAL BLVD #232 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 Change Addition TITLE ☐ Defete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change - ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ty for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information at my signature shall have the same legal effect as if made under oath; that I am an officer or director port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information soplied wit indicated on this report or supplemental report

SIGNATURE:

changed, or on an attachment with ar

(954) 492**–4**010

Daytime Phone #