

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90433 016 ***150.00

DOCUMENT # P97000034101

1. Entity Name

CONCORDE FINANCIAL ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

150 E. PALMETTO PARK RD

3. Mailing Address

150 PALMETTO PARK ROAD

Suite, Apt. #, etc.

SUITE 750

Suite, Apt. #, etc.

SUITE 750

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

Country

33432

Zip

Country

33432

4. FEI Number

65-0746791

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

R.L. HELMER

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

150 E. PALMETTO PARK RD

SUITE 750

City

BOCA RATON

FL

Zip Code

33432

**DO NOT WRITE
IN THIS SPACE**

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)**



**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HELMER, R.L.
2310 NE 33RD STREET
LIGHTHOUSE POINT, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. LARRY HELMER

Date

4-13-02

Daytime Phone #

CR2E034B (12/01)