

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90032 014 ***150.00

DOCUMENT # P97000058413

1. Entity Name

COMPLETE CONFERENCE MANAGEMENT, INC.

Principal Place of Business

**11440 N KENDALL DR
SUITE 306
MIAMI FL 33176
US**

Mailing Address

**11440 N KENDALL DR
SUITE 306
MIAMI FL 33176
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0877990

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****LEWIS, HAROLD L
HABER, LEWIS & PATHMAN, LLP
2 SOUTH BISCAYNE BLVD SUITE 3660
MIAMI FL 33131**

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
P	HOLTZMAN, SUSAN O	10323 S W 126TH STREET	MIAMI FL 33176	☐					☐	☐
D	KATZEN, BARRY T M.D.	5925 S W 107TH STREET	MIAMI FL 33156	☐					☐	☐
D	BECKER, GARY J M.D.	5925 S W 107TH STREET	MIAMI FL 33156	☐					☐	☐
D	BENENATI, JAMES F M.D.	7400 S W 47TH COURT	MIAMI FL 33143	☐					☐	☐
D	ZEMEL, GERALD M.D.	6225 S W 98TH STREET	MIAMI FL 33156	☐					☐	☐
				☐					☐	☐

CR2E034 (9/01)

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

Date

Daytime Phone #

1/10/02 (305) 279-2263