

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

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90134 016 ***150.00

DOCUMENT # *P97000064278*

1. Entity Name

CONCERN II, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

700 PINE DRIVE

3. Mailing Address

700 PINE DRIVE

Suite, Apt. #, etc.

UNIT 305

Suite, Apt. #, etc.

UNIT 305

DO NOT WRITE IN THIS SPACE

City & State

POMPADRO BEACH FL

City & State

POMPADRO BEACH

4. FEI Number

65-0768243

Applied For

☒ Not Applicable

Zip

33060

Country

(BROWARD)

Zip

33060

Country

(BROWARD)

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JUDITH A. BURKE

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

700 PINE DRIVE, UNIT 305

City

POMPADRO BEACH

FL

Zip Code

33060

**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
*DIRECTOR
JUDITH A. BURKE
700 PINE DRIVE, UNIT 305
POMPADRO BEACH, FL 33060*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VICE PRESIDENT
ERIE CANDRY
5140 N.E. 3RD AVE
FT. LAUDERDALE FL 33334*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 all other like empowered.

SIGNATURE

Judith A. Burke JUDITH A. BURKE, DIRECTOR 4/16/02 954-943-9339

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)