

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088055

1. Entity Name

COMMONWEALTH FINANCIAL SERVICES, INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90006 046 ***150.00

Principal Place of Business

Mailing Address

1890 UNIVERSITY DRIVE
105
CORAL SPRINGS FL 33071
US

1890 UNIVERSITY DRIVE
105
CORAL SPRINGS FL 33071-8963
US

840303



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0799204

Applied For

Not Applicable

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

WEINSTEIN, HOWARD S ESQ
THOMAS E. GLICK, P.A.
11900 BISCAYNE BOULEVARD, SUITE 740
NORTH MIAMI FL 33181

Name

Howard Weinstein, P.A.

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

2450 DE MARY GARDENS DRIVE 2nd Floor

City

D.M.B

FL

Zip Code

33180

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, 2000 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 ☐ Delete

PD
NAME COHEN, MARK
STREET ADDRESS 891 N. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

VSD
NAME ROSS-COHEN, DANA
STREET ADDRESS 891 S. STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

D
NAME ZINN, STANLEY
STREET ADDRESS 571 N.W. 108TH AVENUE
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

D
NAME ELOVIC, EUGENE
STREET ADDRESS 5500 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

D
NAME ZINN, ERIC
STREET ADDRESS 220 LITTLE FALLS ROAD
CITY-ST-ZIP CEDAR GROVE NJ 07009

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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

Date

Daytime Phone #

04 2800 (978) 796-7231

CR2E034 (9/99)