

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000007565

1. Entity Name
COMEK FINANCIAL GROUP, INC.

| | | | |
|---|----|---|----|
| Principal Place of Business 9123 N MILITARY TR SUITE 214 PALM BEACH GARDENS 33410 US | FL | Mailing Address 9123 N MILITARY TR SUITE 214 PALM BEACH GARDENS 33410 US | FL |
|---|----|---|----|

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0820385

| | |
|----------------|--|
| 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

EKASALA BRIAN S
9123 N MILITARY TRAIL
SUITE 214
PALM, BEACH GARDENS
33410
US

FL

| | |
|--|--------------------|
| 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 _____ **05/01/2001**
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, 2001 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 | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SYRETTA JOY | |
| STREET ADDRESS | 301 MONCEAUX ROAD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33405 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | EKASALA VERONICA D | |
| STREET ADDRESS | 234 SUSSEX CIRCLE | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | EKASALA BRIAN S | |
| STREET ADDRESS | 234 SUSSEX CIRCLE | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------------|--|
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WRIGGLE CURTIS L | |
| STREET ADDRESS | 6287 FRANCIS STREET | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUNTER LLORI | |
| STREET ADDRESS | 301 MONCEAUX ROAD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33405 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOY SYRETTA | |
| STREET ADDRESS | 301 MONCEAUX ROAD | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33405 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | CD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EKASALA BRIAN S | |
| STREET ADDRESS | 234 SUSSEX CIRCLE | |
| CITY-ST-ZIP | JUPITER FL 33458 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: BRIAN S. EKASALA **CD** **05/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)