

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90054 035 ***150.00

DOCUMENT # P98000015468

1. Entity Name
CORE COMMERCIAL, INC.

Principal Place of Business
6241 SW 79TH ST
MIAMI FL 33143

Mailing Address
P. O. BOX 431405
MIAMI FL 33243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Office
 Suite, Apt. #, etc. **500 NE 2nd St**
 City & State **DANIA, FL**
 Zip **33004** Country **USA**

3. Mailing Address
Office
 Suite, Apt. #, etc. **500 NE 2nd St**
 City & State **DANIA, FL**
 Zip **33004** Country **USA**

4. FEI Number **65-0812933** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
TOTH, ANDREUS J
6241 SW 79TH ST.
SOUTH MIAMI FL 33143

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) *Office*
500 NE 2nd St
 City **DANIA** **FL** Zip Code **33004**

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 _____ (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 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	PD	<input type="checkbox"/> Delete	TITLE	<i>Office</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOTH, ANDREWS		NAME	500 NE 2nd St	
STREET ADDRESS	6241 SW 79TH ST		STREET ADDRESS	DANIA, FL 33004	
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP	DANIA, FL 33004	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<i>Office</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INMAN, MARC		NAME	500 NE 2nd St	
STREET ADDRESS	6241 SW 9TH ST		STREET ADDRESS	DANIA, FL 33004	
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP	DANIA, FL 33004	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **4/15/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/01)