

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90852 015 \*\*\*150.00

**DOCUMENT # P98000030847**

1. Entity Name

**COMMERCIAL CENTER OF MIAMI, INC.**

Principal Place of Business

Mailing Address

~~6757 N.W. 167 ST. STE. F-21~~  
**MIAMI FL 33015**

~~6757 N.W. 167 ST. STE. F-21~~  
**MIAMI FL 33015**

**963836**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**6187 NW 167 ST.**

**6187 NW 167 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**UNIT H 36**

**UNIT H 36**

City & State

City & State

**MIAMI FL**

**MIAMI FL**

4. FEI Number

**NOT APPLICABLE**

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

**FRANKLIN, CARL**

Name

**FRANKLIN, CARL**

~~6157 N.W. 167 ST. STE. F-21~~

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

**6187 NW 167 ST.**

**MIAMI FL 33015**

**UNIT H 36**

City

**MIAMI**

**FL**

Zip Code

**33015**

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

*Carl Franklin*

**4-25-02**

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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	FRANKLIN, CARL	<del>6757 N.W. 167 ST. STE. F-21</del>	<b>MIAMI FL 33015</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>6187 NW 167 ST., H 36</b>	<b>MIAMI FL 33015</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** *Carl Franklin, President* **4/25/02 305-827-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #