

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000056271

1. Entity Name

COMPREHENSIVE HOLDINGS, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90150 035 \*\*\*550.00

Principal Place of Business

Mailing Address

934 NORTH UNIVERSITY DRIVE #158  
CORAL SPRINGS FL 33071

934 NORTH UNIVERSITY DRIVE #158  
CORAL SPRINGS FL 33071-7029

2. Principal Place of Business

1561 N.E. 49th. Street

3. Mailing Address

same as principal place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl.

City & State

4. FEI Number

65-0948178

Applied For

Not Applicable

Zip

33334

Country

U.S.

Zip

Country

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

Barbara Johnson

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

1561 N.E. 49th. Street

Fort Lauderdale

City

FL

Zip Code

33334

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

*Barbara H. Johnson*  
BARBARA JOHNSON

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	P	<input checked="" type="checkbox"/> Delete
NAME	GELMAN, ALLEN	
STREET ADDRESS	934 NORTH UNIVERSITY DRIVE #158	
CITY-ST-ZIP	CORAL GABLES FL 33071	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	KAPLAN, BARRY	
STREET ADDRESS	934 NORTH UNIVERSITY DRIVE #158	
CITY-ST-ZIP	CORAL GABLES FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Johnson	
STREET ADDRESS	1561 N.E. 49th. Street	
CITY-ST-ZIP	Fort Lauderdale, Fl. 33334	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS BRAWER	
STREET ADDRESS	1961 N.W. 38th. Terrace	
CITY-ST-ZIP	Coconut Creek, Florida 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

*Barbara H. Johnson*  
BARBARA JOHNSON

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(954) 493-9555

Date

Daytime Phone #

CR2E034 (9/99)