

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000073622**

1. Entity Name
595 PARK OF COMMERCE, INC.

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90193 024 ***150.00

0130589 AV

Principal Place of Business
**3121 WEST HALLANDALE BEACH BLVD.
SUITE 102
PEMBROKE PARK FL 33009**

Mailing Address
**3121 WEST HALLANDALE BEACH BLVD.
SUITE 121
PEMBROKE PARK FL 33009**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3121 W HALLANDALE BCH BLVD
Suite, Apt. #, etc.
SUITE 101

3. Mailing Address
3121 W HALLANDALE BCH BLVD
Suite, Apt. #, etc.
SUITE 101

City & State
PEMBROKE PARK FL

City & State
PEMBROKE PARK FL

Zip
33009 Country
US

Zip
33009 Country
US

4. FEI Number **65-0862365**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**JAZAYRI, SAM
3121 WEST HALLANDALE BEACH BLVD.
SUITE 102
PEMBROKE PINES FL 33009**

7. Name and Address of New Registered Agent
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: _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JAZAYRI, SAM 3121 WEST HALLANDALE BEACH BLVD. PEMBROKE PINES FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TAVONE, JACK 3121 WEST HALLANDALE BEACH BLVD. PEMBROKE PINES FL 33009	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SAM JAZAYRI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/02

(954)981-1154

CR2E034 (9/01)