

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90062 003 ***150.00

DOCUMENT # P98000081653

1. Entity Name
CAMPUS SAVINGS, INC.

Principal Place of Business
**1250 EAST HALLANDALE, #603
 HALLANDALE FL 33009**

Mailing Address
**1250 EAST HALLANDALE, #603
 HALLANDALE FL 33009**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0864694**

Applied For
 Not Applicable

Zip

Country

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

**SPINKA, RACHEL
 1660 N.E. 191ST, APT. 415
 NORTH MIAMI BEACH FL 33179**

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 *Rachel Spinka*

Signature, typed or printed name of registered agent and if applicable.

(NOTE: Registered Agent's 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 **P** ☐ Delete
 NAME **SPINKA, RACHEL**
 STREET ADDRESS **1660 N.E. 191ST, #415**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **V** ☒ Delete
 NAME **GENOVE, MIKE**
 STREET ADDRESS **4010 N.E. 17TH TERRACE**
 CITY-ST-ZIP **POMPAHO BEACH FL 33064**

TITLE ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS ☒ Change ☐ Addition
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **T** ☒ Delete
 NAME **SPINKA, MICHAEL**
 STREET ADDRESS **1660 N.E. 191ST, #415**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS ☒ Change ☐ Addition
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: *Rachel Spinka*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02 984-458-8880
 Date Daytime Phone #

CR2E034 (9/01)