

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000038597

1. Entity Name

CREDIT COMMANDER INDUSTRIES, INC.

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90856 036 \*\*\*150.00

Principal Place of Business

3650 N FEDERAL HYW, SUITE 214  
LIGHTHOUSE POINT FL 33064

Mailing Address

3650 N FEDERAL HYW, SUITE 214  
LIGHTHOUSE POINT FL 33064-6649

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 214

Suite, Apt. #, etc.

SUITE 214

City & State

City & State

4. FEI Number

65-0917629

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

SCHAEFFER, JOHN T  
3650 N FEDERAL HYW, SUITE 202  
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name

MALCOLM BERMAN

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

3650 N FEDERAL HWY #214

City

LIGHTHOUSE POINT

City

FL

Zip Code

33064

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 MALCOLM BERMAN Malcolm Berman

6-14-00

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

TITLE D  
NAME SCHAEFFER, JOHN T  
STREET ADDRESS 3650 N FEDERAL HYW, SUITE 214  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☒ Delete

TITLE D  
NAME BERMAN, MALCOLM C  
STREET ADDRESS 3650 N FEDERAL HYW, SUITE 214  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME  
STREET ADDRESS SUITE 214  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: MALCOLM BERMAN Malcolm Berman 4-28-00 954-943-3650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)