FILED

## 2002 Uniform Business Report (UBR)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 10, 2002 8:00 am Secretary of State P99000038919 DOCUMENT # 1. Entity Name 04-10-2002 90670 007 \*\*\*158 75 COMMERCIAL ATM ENTERPRISES, INC. Principal Place of Business Mailing Address 1160 N FEDERAL HWY , 1160 N FEDERAL HWY B0064734 724 724 FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304 2. Principal Place of Business 3. Mailing Address V.E. 620057 2211 NE. 62 72// DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State City & State 4. FEI Number Applied For 65-0925889 7. LAURA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 050 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent G-REENWOOD. GREENWOOD, CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 1160 N FEDERAL HWY STE 724 FORT LAUDERDALE FL 33304 Zip Code 33308 his statement for the purpose of changing its registered office or registered agent, or both \_ SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change (9/01)TITLE Delete TITLE CHAISTOPHER G. GRETNWOOD GREENWOOD, CHRISTOPHER G NAME NAME 1160 N FEDERAL HWY STE 724 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33304 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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