## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000054750 **DOCUMENT #**

1. Entity Name

COMRAS 16TH STREET, INC.



**FILED** Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90231 013 \*\*\*150.00

Principal Place of Business 407 LINCOLN ROAD SUITE 9F MIAMI BEACH FL 33139 2. Principal Place of Business			Mailing Address 407 LINCOLN ROAD SUITE 9F MIAMI BEACH FL 33139									
			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	FEI Number <b>65-0938477</b>			oplied For	7
Zip		Country	Zip		Coun	ntry	5.	. Certificate of Status Desired		\$8.75 Add	ditional	1
	6. Name	and Address of Current I	Register	ed Agent			<del>;</del> 7.	Name and Address of New F	egistered	Agent		1
COMRAS, MICHAEL						Name -			1			
407 LINCOLN ROAD						Street Addre	ss (P.O.	Box Number is Not Acceptable	)			
SUITE 9F												
MIAMI BEACH FL 33139						City			FI	Zip Cod	e	1
	e named entity ations of registe		the purp	oose of changing its	register	ed office or reg	istered a	agent, or both, in the State of Fk	rida. Lam	familiar with,	and accept	
SIGNATURE		or printed name of registered agent a	nd title if app	olicable. (NOTE	: Registere	d Agent signature rec	quired wher	reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			State					Election Campaign Fir     Trust Fund Contributio			0 May Be	-
10.	<del></del>	OFFICERS AND I	DIRECTO	<b>L</b>	11.			ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	S IN 11	┪
TITLE NAME				☐ Delete	TITLE NAM STRE	E	· · · · · · · · ·			☐ Change	☐ Addition	5034 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MICHAEL LN ROAD, SUITE 9F CH FL 33139		☐ Delete	1					☐ Change	Addition	1000
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		_				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		l				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition	
TITLE NAME				☐ Delete	TITLE					☐ Change	Addition	]

12. 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 d rector 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP