

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90096 026 ***150.00

DOCUMENT # P99000077673

1. Entity Name

CONTRAST INTERNATIONAL U.S.A., INC.

Principal Place of Business

**6000 NW 44TH LANE
COCONUT CREEK FL 33073**

Mailing Address

**6000 NW 44TH LANE
COCONUT CREEK FL 33073**

2. Principal Place of Business

3405 NW 9 AVE,

3. Mailing Address

3405 NW 9 AVE

Suite, Apt. #, etc.

#1201

Suite, Apt. #, etc.

#1201

City & State

F. LAUDERDALE

City & State

F. LAUDERDALE

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0943252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELBY, MATT

**7300 W. CAMINO REAL, #126
BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

SELBY, MATT

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

3405 NW 9 AVE, #1201

City


F. LAUDERDALE FL

Zip Code

33309

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



M.R. SELBY

4-17-02

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, 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 **PGMD** ☐ Delete
NAME **BUFORD, KEVIN**
STREET ADDRESS **7380 WEST CAMINO REAL, #126**
CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **BUFORD, KEVIN**
STREET ADDRESS **3405 NW 9 AVE, #1201**
CITY-ST-ZIP **F. LAUDERDALE, FL 33309**

TITLE ☐ Change ☒ Addition
NAME **BUFORD, DAVID**
STREET ADDRESS **11229 FANWOOD CT.**
CITY-ST-ZIP **RICHMOND, VA 23233**

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

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

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

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:

SK... REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-02 **(554) 567 9003**
Date Daytime Phone #

CR2E034 (9/01)