

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State
 05-19-2002 90055 040 ***150.00

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DOCUMENT # P99000083975

1. Entity Name

CORPORATE CHOICE OFFICE EQUIPMENT, INC.

Principal Place of Business

**139 SW 6 STREET
 POMPANO BEACH FL 33060**

Mailing Address

**10501 WEST BROWARD BLVD.
 APT. 206
 FORT LAUDERDALE FL 33324**

429000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13251 SW 33 ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(STORAGE PLACE)

City & State

MIRAMAR, FLORIDA

City & State

Zip

Country

Zip

Country

33029

Country

BROWARD

4. FEI Number

65-0949199

Applied For

Not Applicable

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

FREDETTE, JERRY

**10501 WEST BROWARD BLVD. APT. 206
 FORT LAUDERDALE FL 33324**

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

Jerry M. Fredette

(NOTE: Registered Agent signature required when reinstating)

4/25/02

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 ☐ Delete
 NAME **P**
 STREET ADDRESS **FREDETTE, JERRY**
 CITY-ST-ZIP **10501 WEST BROWARD BLVD. APT. 206
 FORT LAUDERDALE FL 33324**

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

TITLE ☐ Delete
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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:

Jerry M. Fredette

JERRY M. FREDETTE

4/25/02

(954) 382-9052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)