## 2003 FOR PROFIT CORPORATION

## **FILED** Mar 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** S35653 DOCUMENT # 03-31-2003 90191 039 \*\*\*150.00 COMMERCIAL BROKER SERVICES, INC. Principal Place of Business Mailing Address 2 SOUTH UNIVERSITY DRIVE, #220 50 CALIFORNIA STREET PLANTATION FL 33324 24TH FLOOR HS SAN FRANCISCO CA 94111 US Principal Place of Business 3. Mailing Address 2100 SW Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For 4. FEI Number City & State 🕐 59-3069956 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6, : Name and Address of Current Registered Agent: 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET 19 TALLAHASSEE FL 32301 City Zio 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ■ Addition ☐ Delete TITLE ☐ Change SUTTON, CARLOS K NAME NAME 2 SOUTH UNIVERSITY DRIVE, #220 STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP TITLE DCE0 ☐ Delete TITLE ☐ Change ☐ Addition KARP, MICHAEL NAME NAME 2 SOUTH UNIVERSITY DRIVE, #220 STREET ADDRESS STREET ADDRESS PLANTATION FL 33324 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NEWBORN, ERNEST J II NAME 2 SOUTH UNIVERSITY DRIVE, #220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP Delete ☐ Addition TITI F Change Change TITLE **BOWLER. EDWARD** NAME NAME **50 CALIFORNIA STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 94111 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME

12. I hereby certify that the information supplied with this filling 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 impowered 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 atta with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #