

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S77427

1. Entity Name

CSC CYPRESS FINANCIAL, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90026 037 ***158.75

Principal Place of Business

Mailing Address

4901 N.W. 17 WAY
STE 103
FT. LAUDERDALE FL 33309
US

4901 N.W. 17 WAY
STE 103
FT. LAUDERDALE FL 33309-3770
US

2. Principal Place of Business

2101 W. Commercial Blvd

3. Mailing Address

2101 W. Commercial Blvd.

Suite, Apt. #, etc.

Suite 2900

Suite, Apt. #, etc.

Suite 2900

City & State

Ft. Lauderdale, Florida

City & State

Fort Lauderdale, Fla.

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0289667

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSS, MICHAEL
GREENSPOON, MARDER, HIRSCHFIELD & RAFKIN
100 W CYPRESS CREEK RD
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

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

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, 2000 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 ☐ Delete
NAME COLLINS, JOHN P.
STREET ADDRESS 3950 N.W. 53RD STREET
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ Delete
NAME S
STREET ADDRESS SCHRAGE, JOSEPH B.
CITY-ST-ZIP 7510 SW 105 TERRACE
MIAMI FL

TITLE ☐ Delete
NAME P
STREET ADDRESS CORZETTE, STEPHEN S.
CITY-ST-ZIP 3721 NE 29 AVE
LIGHTHOUSE POINT FL

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
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

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN P. COLLINS

PRINCIPAL

02-04-2000

Date

Daytime Phone #

954-
351-9993

CR2E034 (9/99)