

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

0412847 AV

**DOCUMENT # V55579**

1. Entity Name  
**COMPUTER PORTRAIT OWNERS ASSOCIATION, INC.**



04-07-2003 90214 043 \*\*\*150.00

Principal Place of Business  
**160 S.W. 12TH AVENUE  
SUITE 106  
DEERFIELD BEACH FL 33442**

Mailing Address  
**160 S.W. 12TH AVENUE  
SUITE 106  
DEERFIELD BEACH FL 33442**



2. Principal Place of Business  
**2177 N POWERLINE ROAD**

3. Mailing Address  
**2177 N POWERLINE ROAD**

Suite, Apt. #, etc.  
**SUITE 1**

Suite, Apt. #, etc.  
**SUITE 1**

☒ CHECK HERE IF MAKING CHANGES

City & State  
**POMPANO BEACH, FLORIDA**

City & State  
**POMPANO BEACH, FLORIDA**

4. FEI Number  
**65-0371686**

Applied For  
☐ Not Applicable

Zip  
**33069**

Country  
**USA**

Zip  
**33069**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**COHEN, ARNOLD ESQ.  
2424 NORTH FEDERAL HWY  
STE 314  
BOCA RATON FL 33431**

**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. 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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **KENDES, SAMUEL**  
STREET ADDRESS **160 S.W. 12TH AVE #106**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2177 N POWERLINE RD SUITE 1**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **D** ☐ Delete  
NAME **RAUDENBUSH, MARION P.**  
STREET ADDRESS **160 S.W. 12TH AVE #106**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2177 N POWERLINE RD SUITE 1**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE **PST** ☐ Delete  
NAME **KENDES, SAMUEL**  
STREET ADDRESS **160 S.W. 12TH AVE #106**  
CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2177 N POWERLINE RD SUITE 1**  
CITY-ST-ZIP **POMPANO BEACH, FL 33069**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

**SIGNATURE:**

*Samuel Kendes*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/27/03**

Date

**954-427-9999**

**954-978-1990**

CR2E034 (10/02)