

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V62118

1. Entity Name

THE COMRAS COMPANY OF FLORIDA, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90015 003 ***150.00

Principal Place of Business

Mailing Address

1111 LINCOLN RD MALL
STE 510
MIAMI BCH FL 33139
US

C/O BERKOWITZ DICK POLLOCK & BRANT
ONE SE 3RD AVE 15TH FL
MIAMI FL 33131-1700
US

2. Principal Place of Business

3. Mailing Address

407 Lincoln Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 9F

City & State

City & State

Miami Beach, Florida

Zip
33139

Country

Zip

Country

4. FEI Number

65-0370115

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

COMRAS, MICHAEL A
1111 LINCOLN RD MALL
STE 510
MIAMI BCH FL 33139

Name

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

407 Lincoln Road, Suite 9F

City

Miami Beach

FL

Zip Code
33139

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
COMRAS, MICHAEL A
340 E 57 STR APT 15C
NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
407 Lincoln Road, Suite 9F
Miami Beach, FL 33139 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/29/00 305-532-0433

CR2E034 (9/99)