

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90198 048 ***150.00

DOCUMENT # 359532

1. Entity Name
CONTINENTAL FIDELITY CORPORATION



Principal Place of Business
**777 ARTHUR GODFREY ROAD
4TH FL
MIAMI BEACH FL 33140**

Mailing Address
**777 ARTHUR GODFREY ROAD
4TH FL
MIAMI BEACH FL 33140**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2375337**

Applied For
 Not Applicable

Country

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

6. Name and Address of Current Registered Agent

BALOGH, ROBERT
777 ARTHUR GODFREY RD
4TH FL
MIAMI FL 33140

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BALOGH, ROBERT	
STREET ADDRESS	ONE GROVE ISLE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ERDHEIM, JOAN BALOGH	
STREET ADDRESS	31 EAST 72ND STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALOGH, DAVID R.	
STREET ADDRESS	5255 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MARK R. RUBIN	
STREET ADDRESS	777 ARTHUR GODFREY RD., 4TH FL	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Balogh* **SIGNATURE REQUIRED** 4/15/03 305-532-4355
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E034 (10/02)