## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT # P19698** Mar 10, 2000 8:00 am **Secretary of State** COMMERCIAL INVESTMENTS INTERNATIONAL, INC. 03-10-2000 90003 047 \*\*\*150.00 Mailing Address Principal Place of Business 173 HILLSIDE AVENUE 173 HILLSIDE AVENUE P.O. BOX 384 P.O. BOX 384 WATERBURY CT 06710 WATERBURY CT 06720-0384 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 06-1071001 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRUNEAU, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 2039 BALBOA WAY KISSIMMEE FL 32741 Zip Code FL 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE TARTE, CONRAD NAME NAME 173 HILLSIDE AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WATERBURY CT SVD Addition TITLE ☐ Delete Change NAME TARTE, MICHAEL STREET ADDRESS 3270 BRANDY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA STD ☐ Change Addition ☐ Delete TITLE TITLE TARTE, DAVID NAME NAME 3270 BRANDY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN JOSE CA CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 supplied entral 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 of 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/00

203.574.5606

Daytime Phone #