

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2000 8:00 am**  
**Secretary of State**

04-05-2000 90064 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 379865**

1. Entity Name  
**ENTOL INDUSTRIES, INC.**

Principal Place of Business <del>1200 N.W. 4th Street</del> <del>MIAMI FL 33130</del>	Mailing Address <b>9990 S.W. 77TH AVENUE          SUITE 330          MIAMI FL 33156-2661          US</b>
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2. Principal Place of Business <b>1200 N.W. 4th Street</b>	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State <b>Homestead, FL</b>	City & State
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Zip <b>33030</b>	Country	Zip	Country
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4. FEI Number <b>59-1323285</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARGOLIS, JOHN A  
 SUITE 330  
 9990 S.W. 77TH AVENUE  
 MIAMI FL 33156**

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		<input type="checkbox"/> Delete
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>SCHUMACHER, BERNARD</b>	
STREET ADDRESS	<b>8180 N.W. 36TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	<b>PTD</b>	<input type="checkbox"/>
NAME	<b>SCHUMACHER, SANDRA</b>	
STREET ADDRESS	<b>8180 N.W. 36TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE	<b>VPSD</b>	<input type="checkbox"/>
NAME	<b>SCHUMACHER, MICHAEL</b>	
STREET ADDRESS	<b>8180 N.W. 36TH AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33147</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 all other like empowered.

SIGNATURE: *Sandra Schumacher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/30/2000 305/247-1111*  
Date Daytime Phone #

CR2E034 (9/99)