

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-18-2003 90102 017 ***150.00

DOCUMENT # F01000000441



1. Entity Name
ENVIROKARE TECH, INC.

Principal Place of Business

**5850 TG LEE BLVD
SUITE 535
ORLANDO FL 32822**

Mailing Address

**5850 TG LEE BLVD
SUITE 535
ORLANDO FL 32822**

J0043104



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

88-0412549

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRESLAUER, GERALD

11453 OHANU CIR

BOYNTON BEACH FL 33437

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 ☐ Delete
NAME **PDT**
STREET ADDRESS **PAPPAS, STEVE**
CITY-ST-ZIP **44 87TH STREET**
BROOKLYN NY 11209

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

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **EDELSTEIN, JONATHAN**
CITY-ST-ZIP **209 EAST 56TH STREET, APT 56**
NEW YORK NY 10022

TITLE ☒ Change ☐ Addition
NAME **DIS**
STREET ADDRESS **EDELSTEIN, JONATHAN**
CITY-ST-ZIP **200 EAST 66 STREET, APT A 1701**
NEW YORK, NY 10021

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KAPAKOS, LEO**
CITY-ST-ZIP **5850 TG LEE BLVD**
ORLANDO FL 32822

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **KAZANTZIA, GEORGE**
CITY-ST-ZIP **5850 TG LEE BLVD**
ORLANDO FL 32822

TITLE ☒ Change ☐ Addition
NAME **V**
STREET ADDRESS **KAZANTZIS, GEORGE**
CITY-ST-ZIP **5850 TG LEE BLVD**
ORLANDO, FL 32822

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:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature) **1/21/03 407 856 8882**
Date Daytime Phone #

CR2E034 (10/02)