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FILED

Jan 08, 2002 8:00 am

## 2002 UNIFORM BUSINESS REPORT (UBR)

479071

**DOCUMENT #** 

1. Entity Name

## **Secretary of State** CONARK, INC. 01-08-2002 90012 008 \*\*\*158.75 Principal Place of Business Mailing Address 600 N MASHTA DR 600 N MASHTA DR B0000593 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1606634 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANAL, ARMANDO J. Street Address (P.O. Box Number is Not Acceptable) 4090 HARDIE ROAD COCONOT GROVE FL 33133 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. 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TREASURER (9/01) TITLE ☐ Delete TITLE ☐ Change Addition JOHN C. CANAL CANAL, ARMANDO NAME NAME 600 N MASHTA DR KEY BISCAYNE, FL 0 15420 EW. 84TH AVE. CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33157 ABBISTANT TREASURER TITLE ☐ Delete TITLE Change Addition CANAL, CONSUELO CARMEN C. CANAL NAME NAME 16188 B.W. 72MD TERRACE STREET ADDRESS 600 N MASHTA DR STREET ADDRESS KEY BISCAYNE, FL 0 CITY-ST-ZIP CITY-ST-7IP MIAMIFL 3319. 33/93 TITLE □ Delete ☐ Change Addition MARY ELLEN CANAL. NAME CANAL, KATHLEEN NAME 600 N MASHTA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 0 CITY-ST-ZIP KEY BIBLAYNE, FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition CANAL, ARMANDO J NAME NAME STREET ADDRESS 600 N MASHTA DR STREET ADDRESS KEY BISCAYNE,FL 00000 CITY-ST-ZIF CITY-ST-ZIP TREASURER Delete TITLE TITLE Change ☐ Addition JOHN C. CANAL 15420 AW 84TH AVE. NAME NAME STREET ADDRESS STREET ADDRESS MIAMI, FL 33/57 CITY-ST-ZIP CITY-ST-ZIP A SST. TREASURER TITLE Delete TITLE Change ☐ Addition CARMEN C. CANAL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 in the corporation of the receiver of the corporation of the receiver of the corporation of the corporat

& GLARMANDO CANAL-PRES. SIGNATURE: