

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00086

1. Entity Name

E & N MANAGEMENT, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90018 026 ***150.00

Principal Place of Business

Mailing Address

1201 S. OCEAN DR.
 APT. 1611 SOUTH
 HOLLYWOOD BEACH FL 33019
 US

1201 S. OCEAN DR.
 APT. 1611 SOUTH
 HOLLYWOOD BEACH FL 33019-2121
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2025445

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUBITZ, EUGENE
 1201 S. OCEAN DR.
 APT. #1611 SOUTH
 HOLLYWOOD BEACH FL 33019

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 *Eugene Kubit*
Signature, type or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

14/3/2000
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KUBITZ, EUGENE	
STREET ADDRESS	1201 S. OCEAN DR., APT. #1611 SOUTH	
CITY-ST-ZIP	HOLLYWOOD BEACH FL 33019	
TITLE	STD	<input type="checkbox"/> Delete
NAME	KUBITZ, NORMAN	
STREET ADDRESS	1201 S. OCEAN DR., APT. #2511 SOUTH	
CITY-ST-ZIP	HOLLYWOOD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Eugene Kubit*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/3/2000
 Date Daytime Phone #

CR2E034 (9/99)