

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90233 037 ***150.00

DOCUMENT # F95042

1. Entity Name
ENNIS ASSOCIATES, INC.

Principal Place of Business %LAMONT & NEIMAN, P.A. 1 BISCAYNE TWR #3550. 2 S BISCAYNE MIAMI FL 33131 US	Mailing Address %LAMONT & NEIMAN, P.A. 1 BISCAYNE TWR #3550. 2 S BISCAYNE MIAMI FL 33131 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2206628		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent LAMONT & NEIMAN, P.A. 1 BISCAYNE TOWER 3550 2 S BISCAYNE BLVD MIAMI FL 33137		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 _____ <small>Signature, typed or printed name of registered agent; and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS ENNIS, PATRICIA A 1170 N FEDERAL HIGHWAY, APT 208 FORT LAUDERDALE FL 33304 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Patricia A. Ennis 4/19/01 954-764-0077
SIGNATURE OF REGISTERED AGENT OR AUTHORIZED SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Law Offices
Lamont & Neiman, P.A.

ROBERT S. LAMONT
JAN S. NEIMAN
A. STEPHEN KOTLER
ELLEN BETH BELLET
ALBERTO INTERIAN

Reply to: Miami Office

April 23, 2001

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Ennis Associates, Inc.
Document #F95042

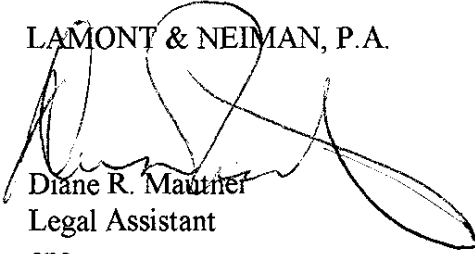
Gentlemen:

Enclosed for filing, please find the 2001 Uniform Business Report for Ennis Associates, Inc., together with a check for \$150.00.

Please acknowledge the filing on the copy of the 2001 Uniform Business Report. Enclosed is a pre-addressed stamped envelope.

Very truly yours,

LAMONT & NEIMAN, P.A.


Diane R. Mautner
Legal Assistant
enc.

Attachment
828815
#F95042

MIAMI OFFICE
ONE BISCAYNE TOWER • SUITE 3550
TWO SOUTH BISCAYNE BOULEVARD
MIAMI, FLORIDA 33131
(305) 530-9400
FAX (305) 530-9409

BOCA RATON OFFICE
980 NORTH FEDERAL HIGHWAY
SUITE 440
BOCA RATON, FLORIDA 33432
(561) 391-1266
MIAMI LINE (305) 358-5710