

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H71246

1. Entity Name

ENA TECHNOLOGY, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90147 037 ***558.75

Principal Place of Business

10712 WILES ROAD
CORAL SPRINGS FL 33076
US

Mailing Address

10712 WILES ROAD
CORAL SPRINGS FL 33076
US

2. Principal Place of Business

10726 WILES RD

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

CORAL SPRINGS, FL

City & State

4. FEI Number

59-2604430

Applied For

Not Applicable

Zip

33076

Country

US

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAKAYA, HELIO
10726-10712 WILES ROAD
CORAL SPRINGS FL 33076

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/7/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DE CARVALHO, ALEXANDRE	
STREET ADDRESS	10712 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	RUIZ, RENATO	
STREET ADDRESS	10712 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	MT	<input type="checkbox"/> Delete
NAME	SAKAYA, HELIO	
STREET ADDRESS	10712 WILES ROAD	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00

Date

954-753-5991

Daytime Phone #

CR2E034 (5/00)