2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2001 8:00 am

DOCUMENT # J86523				Secretary of State 05-23-2001 91179 011 ***150.00			
	ENTERPRISES, INC.						
Principal Place of Business Mailing Address				1			
2921 DA	VIE BLVD	2921 DAVIE BLV	D	,			
FT LAUDERDALE, FL 33312 FT LAUDERDALE,			FL 33312	A0071674			
2. Principal Place of Business		3. Mailing Address		The state of the s			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	4. FEI Number Applied For		
,				59-2846044	ľ	Not Applicable	
Zip	Country	Zip	Country	5-Certificate of Status	Desired \$8.7	75 Additional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
			Name			·	
BURDICK	BOB		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
2921 DAVIE BLVD						-	
FT. LAUDERDALE, FL 33312							
TIT BRODENBLY I'D SSSIE			City	FL Zip Code			
8. The above	named entity submits this statement	for the purpose of changir g i	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 applicab a. (NOTE: Registered Agent signature required when reinstating) DATE							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable			Fee will be \$55	0.00 In 10. Election Cam		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	IRECTORS	12.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN 11	
TITLE	D	Delete	TITLE			CTORS IN 11 Change Addition Addition ACCOMMENT ADDITIONS	
NAME	BURDICK, BOB	_	NAME			<u> </u>	
STREET ADDRESS CITY - ST - ZIP	2921 DAVIE BLVD		STREET ADDRESS CITY • ST • ZIP			F2E	
TITLE	FT LAUDERDALE, FL DP Dekete		TITLE			Change Addition	
NAME	DP Delete BURDICK, SUE		NAME		⊔`		
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP	FT LAUDERDALE, FL		CITY - \$T - ZIP	a ·			
TITLE		Delete	TITLE			Change Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS			Ì	
CITY - ST - ZIP			CITY - ST - ZIP			1	
TITLE		☐ Delete	TITLE			Thange Addition	

STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS CITY - ST - ZIP

TITLE

NAME

TITLE

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 information indicated on this report or supplemental report is true and accurate and that my signature snall have the same legal effect as it made should be supplemental report in the receiver or trustee empowered to expect 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 addless, with all otherwise empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Detete

Delete

Addition

Addition

Change

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

CITY - ST - ZIP

CITY - ST - ZIP