

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53803

1. Entity Name
ENOZ, INC.

Principal Place of Business
2251 N.E. 44TH STREET
LIGHTHOUSE POINT FL 33062
US

Mailing Address
2251 N.E. 44TH STREET
LIGHTHOUSE POINT FL 33062
US

2. Principal Place of Business

4600 CEDARHILL ROAD

3. Mailing Address

4600 CEDARHILL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33066

Country

BROWARD

Zip

33066

Country

BROWARD

6. Name and Address of Current Registered Agent

MERKL, PETER
2251 N.E. 44TH STREET
LIGHTHOUSE POINT FL 33062

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

(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)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee 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 P
NAME RITZ, EMILIE F
STREET ADDRESS 4600 CEDARHILL RD
CITY-ST-ZIP COCONUT CREEK FL 33063

TITLE V
NAME MERKL, PETER E
STREET ADDRESS 1861 NORTH POWERLINE ROAD
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

100004677931-04
-11/14/01--01019--015
****758.75 ****758.75

TITLE
NAME
STREET ADDRESS 2251 N.E. 44TH ST.
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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: *Emilie Ritz* REQUIRED EMILIE RITZ 10-3-01 954/972-6201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 26 PM 2:17



REINSTATEMENT 01

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AV

CR2E034 (5/01)