

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90338 021 ***150.00

DOCUMENT # **L39262**

1. Entity Name

ORANGE NAPLES ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1911 COLLINS AVE

Suite, Apt. #, etc.

801

City & State

SUNNY ISLES BCH, FL

Zip

33160

Country

3. Mailing Address

1911 COLLINS AVE

Suite, Apt. #, etc.

801

City & State

SUNNY ISLES BCH, FL

Zip

33160

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0300263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

GOLAN, AMNON

Street Address (P.O. Box Number is Not Acceptable)

1911 COLLINS AVE.

#801

City

SUNNY ISLES BEACH

FL

Zip Code

33160

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
GOLAN, AMNON
1911 COLLINS AVE, #801
SUNNY ISLES BCH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
GOLAN, DINA
1911 COLLINS AVE, #801
SUNNY ISLES BCH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SCHACHTEL, SARI
1911 COLLINS AVE, #801
SUNNY ISLES BCH, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)