

**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	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0300263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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 PSD	NAME GOLAN, AMNON	STREET ADDRESS 1911 COLLINS AVE, #801	CITY-ST-ZIP SUNNY ISLES BCH, FL 33160
TITLE VPTD	NAME GOLAN, DINA	STREET ADDRESS 1911 COLLINS AVE, #801	CITY-ST-ZIP SUNNY ISLES BCH, FL 33160
TITLE VPD	NAME SCHACHTEL, SARI	STREET ADDRESS 1911 COLLINS AVE, #801	CITY-ST-ZIP SUNNY ISLES BCH, FL 33160
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *A Gol* **5/1/02** **954-382-0020**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #