

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State
 05-11-2001 90137 024 ***158.75

DOCUMENT # P00000002505

1. Entity Name
PORCELAIN ENTERPRISES, INC.

Principal Place of Business 4437 ASTER DRIVE LAKE WORTH FL 33461	Mailing Address 4437 ASTER DRIVE LAKE WORTH FL 33461
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549178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 217-B Foxtail Dr Suite, Apt. #, etc. West Palm Beach City & State Florida Zip 33415		3. Mailing Address PO Box 5323 Suite, Apt. #, etc. Lake Worth City & State Florida Zip 33466	
Country USA		Country USA	

4. FEI Number 65-0968162	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
PORCELAIN, MAURICE
4437 ASTER DRIVE
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent
 Name
Maurice Porcelain
 Street Address (P.O. Box Number is Not Acceptable)
217-B Foxtail Dr
~~Lake Worth Fl~~
 City
West Palm Beach **FL** Zip Code
33415

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 *Maurice Porcelain* (NOTE: Registered Agent signature required when reinstating) DATE 4/18/01
Signature typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORCELAIN, MAURICE 4437 ASTER DRIVE LAKE WORTH FL 33461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Maurice Porcelain 217-B Foxtail Dr West Palm Beach	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORCELAIN, DENNIS 4437 ASTER DRIVE LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWENSEN, KEVIN 4437 ASTER DRIVE LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maurice Porcelain* DATE 4/18/01 DAYTIME PHONE # 561-968-1474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)