

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

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90037 016 ***150.00

DOCUMENT # P 000 000 166 09

1. Entity Name

Entry Form, Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7280 W. Palmetto Park Rd

Suite, Apt. #, etc.

301 N

City & State

Boca Raton, FL

Zip

33433

Country

Palm Beach

3. Mailing Address

7280 W. Palmetto Park Rd

Suite, Apt. #, etc.

301 N

City & State

Boca Raton, FL

Zip

33433

Country

Palm Beach

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3641740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Aryksin Noble

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

4305 W. ATLANTIC BLVD # 816

City

Coconut Creek

FL

Zip Code

33066

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)

4/30/02

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	VP/CHIEF operating officer/DR. Aryksin Noble 4305 W. ATLANTIC BLVD # 816 COCONUT CREEK, FL 33066	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR MARK DALTON 314 Briny Ave Pompano Beach, FL 33060	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR ENZ - Rüdiger von Lehn 8 Guenther ST 21 Hannover, Germany 30579	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
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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

4/30/02

Date

954-970-9248

Daytime Phone #

CR2E034B (12/01)