

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90031 024 ***150.00

DOCUMENT # **P00000019240**

1. Entity Name
INGENIK, INC



Principal Place of Business
3143 ARBOR LANE
HOLLYWOOD, FL 33021

Mailing Address
SAME

A0033327

2. Principal Place of Business
• **1111 E. LAS OLAS BLVD.**

Suite, Apt. #, etc.
• **403**

City & State
• **FT. LAUDERDALE, FL**

3. Mailing Address
• **1111 E. LAS OLAS BLVD.**

Suite, Apt. #, etc.
• **403**

City & State
• **FT. LAUDERDALE, FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0987004

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip **33301** Country **USA** Zip **33301** Country **USA**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRY M. SAMUELS
3143 ARBOR LANE
HOLLYWOOD, FL 33021

Name
SAMINA RIND

Street Address (P.O. Box Number is Not Acceptable)
1111 E. LAS OLAS BLVD. #403

City **FT. LAUDERDALE** FL Zip Code **33301**

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 **Samina Rind** **SAMINA RIND**, **MARCH 5, 2001** **954-232-0677**

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 \$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. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **HARRY M. SAMUELS**
STREET ADDRESS **3143 ARBOR LANE**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE **P/V/T/S/D/C/M** ☐ Change ☒ Addition
NAME **SAMINA RIND**
STREET ADDRESS **1111 E. LAS OLAS BLVD, #403**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE **P** ☒ Delete
NAME **BLAIR T. MACHINNON**
STREET ADDRESS **3143 ARBOR LANE**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 **Samina Rind** **SAMINA RIND**, **MARCH 5, 2001** **954-232-0677**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)