

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90005 049 ***550.00

DOCUMENT # P00000026948

1. Entity Name
ETENEO, INC.

Principal Place of Business

**1053 NW 53 STREET
 FT LAUDERDALE FL 33309**

Mailing Address

**1053 NW 53 STREET
 FT LAUDERDALE FL 33309**

2. Principal Place of Business

4101 Ravenswood RD #322

3. Mailing Address

4101 Ravenswood RD

Suite, Apt. #, etc.

322

Suite, Apt. #, etc.

322

City & State

Dania FL

City & State

Dania FL

Zip

33312

Country

USA

Zip

33312

Country

USA

4. FEI Number

65-1002533

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MOURADIAN, JACK
 1053 NW 53 STREET
 FT LAUDERDALE FL 33309**

7. Name and Address of New Registered Agent

Name **Thomas J Mouradian**
 Street Address (P.O. Box Number is Not Acceptable)
4101 Ravenswood RD # 322
 City **Dania** FL Zip Code **33312**

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 **Thomas J Mouradian (Thomas J. Mouradian)** **09-01-01**
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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **D** ☐ Delete
 NAME **MOURADIAN, JACK**
 STREET ADDRESS **1053 NW 53 STREET**
 CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **D** ☐ Delete
 NAME **Mouradian, Thomas**
 STREET ADDRESS **4101 Ravenswood RD suite 322**
 CITY-ST-ZIP **Dania FL 33312**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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: **Thomas J Mouradian** **09-01-01** **954-797-0244**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)