

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026948

1. Entity Name
ETENEO, INC.

FILED
Aug 25, 2002 8:00 am
Secretary of State

08-25-2002 90217 023 ***550.00

006656
AV

Principal Place of Business

4101 RAVENSWOOD ROAD, #322
DANIA FL 33312

Mailing Address

4101 RAVENSWOOD ROAD, #322
DANIA FL 33312



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4101 Ravenswood RD
Suite, Apt. #, etc. 322

3. Mailing Address

4101 Ravenswood RD
Suite, Apt. #, etc. 322

City & State

Dania FL

City & State

Dania FL

Zip

33312 Broward

Zip

33312 Broward

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
4101 RAVENSWOOD ROAD, #322
DANIA FL 33312

7. Name and Address of New Registered Agent

Name

Thomas J Mouradian

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

4101 Ravenswood RD Suite 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Thomas J Mouradian

Thomas J Mouradian

07-19-02

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 13, 2002 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
NAME MOURADIAN, JACK
STREET ADDRESS 1053 NW 53 STREET
CITY-ST-ZIP FT LAUDERDALE FL 33309 ☒ Delete

TITLE D
NAME MOURADIAN, THOMAS
STREET ADDRESS 4101 RAVENSWOOD ROAD, #322
CITY-ST-ZIP DANIA FL 33312 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Thomas J Mouradian

Thomas Mouradian

07-19-02

954-797-0244

CR2E034 (4/02)