

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90155 021 ***150.00

DOCUMENT # P00000098153

1. Entity Name

NATCOL ENTERPRISES, INC.

Principal Place of Business

**1202 N.W. 114TH AVENUE
 CORAL SPRINGS FL 33071**

Mailing Address

**847 HARBOR INN DRIVE
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

1202 NW 114 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Coral Springs FL

Zip

Country

Zip

Country

33071

USA.

4. FEI Number

65-1047456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LIBERTY BUSINESS SERVICES, INC.

**8204 NW 103RD STREET
 HIALEAH GARDENS FL 33016**

Name

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

City

FL

Zip Code

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)

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARDIROSSIAN, MARTHA L 847 HARBOR INN DRIVE CORAL SPRINGS FL 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARDIROSSIAN, MARTHA L 1202 NW 114 AVE CORAL SPRINGS FL 33071 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARTHA MARDIROSSIAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA MARDIROSSIAN 4-14-02

Date

Daytime Phone #

**954 275
 2095**

CR2E034 (9/01)