

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117497

1. Entity Name
ENTERPRISES OF C & E, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91101 005 ***150.00

Principal Place of Business Mailing Address
1 FENWICK PLACE 1 FENWICK PLACE
BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country 4. FFI Number **65-1093586** Applied For
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required Not Applicable

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
RUBIN, DEBORAH L Name
1260 SOUTH FEDERAL HWY STE 201 Street Address (P.O. Box Number is Not Acceptable)
BOYNTON BEACH FL 33435 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. ☐ 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 \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFA, EUGENE D		NAME		
STREET ADDRESS	1 FENWICK PLACE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAFFA, CATHY		NAME		
STREET ADDRESS	1 FENWICK PLACE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33426		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Eugene D Raffa* 4/19/2001 561- 432-6124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)