

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000019845

1. Entity Name
E & J BOBCATS, INC.

Principal Place of Business
3320 SW 16TH CT.
FT. LAUDERDALE FL 33312

Mailing Address
3320 SW 16TH CT.
FT. LAUDERDALE FL 33312

2. Principal Place of Business

3. Mailing Address

E & J BOBCATS INC. 3320 SW 16 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

FT LAUD.

FL.

City & State

City & State

Zip

Country

Zip

Country

33312

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

JT65-1095347

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

HANDAL, ENMA E
3320 SW 16TH CT.
FT. LAUDERDALE FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Enma Handal

3-1-02

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HANDAL, ENMA E
3320 SW 16TH CT.
FT. LAUDERDALE FL 33312

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

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CITY-ST-ZIP

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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:

Enma Handal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-02

Date

Daytime Phone #

FILED
Jul 15, 2002 8:00 am
Secretary of State

05-24-2002 91304 043 ***150.00

97238



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)