

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90088 033 ***550.00

DOCUMENT # P01000058193

1. Entity Name
CALAIS ENTERPRISES CORP.

Principal Place of Business

1965 CALAIS DRIVE
 MIAMI BEACH FL 33141

Mailing Address

1965 CALAIS DRIVE
 MIAMI BEACH FL 33141

2. Principal Place of Business

1965 CALAIS DRIVE
 Suite, Apt. #, etc. #1

3. Mailing Address

1965 CALAIS DRIVE
 Suite, Apt. #, etc. #1

City & State
 MIAMI BEACH - FLORIDA

City & State
 MIAMI BEACH - FLORIDA

4. FEI Number
 65-1112344

Applied For
 Not Applicable

Zip 33141 Country U.S.A.

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5. Certificate of Status Desired - ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SURIANI, ABEL I
 1965 CALAIS DRIVE
 MIAMI BEACH FL 33141

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME SURIANI, ABEL I
 STREET ADDRESS 1965 CALAIS DRIVE
 CITY-ST-ZIP MIAMI BEACH FL 33141 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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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: **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/03/02 305-864-2776

Date

Daytime Phone #

CR2E034 (4/02)