

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**  
 05-07-2002 90288 001 \*\*\*450.00

**DOCUMENT # P92000010996**

1. Entity Name  
**ELLEMAR ENTERPRISES, INC.**

Principal Place of Business  
 6885 SW 18 TH ST.  
 SUITE 7  
 BOCA RATON FL 33433  
 US

Mailing Address  
 6885 SW 18 TH ST.  
 SUITE 7  
 BOCA RATON FL 33433  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
*11555 Heron Bay Blvd*  
 Suite, Apt. #, etc.  
*200*

3. Mailing Address  
*11555 Heron Bay Blvd*  
 Suite, Apt. #, etc.  
*200*

City & State  
*Coral Springs, FL*  
 Zip  
*33076* Country  
*USA*

City & State  
*Coral Sprng, FL*  
 Zip  
*33076* Country  
*USA*

4. FEI Number **65-0383136** Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WAROFF, MICHAEL**  
 6885 SW 18TH STREET  
 SUITE 7  
 BOCA RATON FL 33433

**7. Name and Address of New Registered Agent**

Name *Michael Waroff*  
 Street Address (P.O. Box Number is Not Acceptable)  
*11555 Heron Bay Blvd*  
*Suite 200*  
 City *Coral Sprng* **FL** Zip Code *33076*

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]*  
 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTV</b> <b>ROTHENBERG, MARK D</b> <b>10985 S.W. 1 CT.</b> <b>CORAL SPRINGS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WAROFF, MICHAEL</b> <b>596 NW 111TH WAY</b> <b>CORAL SPRINGS FL 33071</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTV</b> <i>Mark D. Rothenberg</i> <i>8888 Pinebrook Ct.</i> <i>Parkland, FL 33067</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** *Michael Waroff* *4/26/02* *954.603.0500*  
 Date Daytime Phone #

CR2E034 (9/01)