05-07-2002 90288 001 ***450.00

P92000010996 DOCUMENT

1. Entity Name

ELLEMAR ENTERPRISES, INC.

Princi	ipai	Place	of l	Busines
	•			_

6885 SW 18 TH ST.

200

Zip 3307 G

SUITE 7

BOCA RATON FL 33433

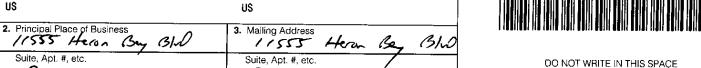
HS

Mailing Address

6885 SW 18 TH ST.

BOCA RATON FL 33433

US



Suite, Apt. #, etc.

200

City & State

Country US A

4. FEI Number

5. Certificate of Status Desired

65-0383136

Not Applicable \$8.75 Additional Fee Required

Applied For

6. Name and Address of Current Registered Agent

6) S A

WAROFF, MICHAEL 6885 SW 18TH STREET

SUITE 7

(See criteria on back)

BOCA RATON FL 33433

7. Name and Address of New Registered Agent

(NOTE: Registered Agent signature required when reinstating)

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

gent and title if applicable

9. This corporation is eligible to satisfy its Intangible

Tax ffling requirement and elects to do so.

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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ROTHENBERG, MARK D NAME NAME 10985 S.W. 1 CT. STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WAROFF, MICHAEL NAME NAME STREET ADDRESS 596 NW 111TH WAY STREET ADDRESS **CORAL SPRINGS FL 33071** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Channe

☐ Addition