

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90044 015 \*\*\*150.00

**DOCUMENT # P93000026776****1. Entity Name**  
**CEGEN ENTERPRISES, INC.****Principal Place of Business****244 HARBOR LANE**  
**MASSAPEQUA NY 11762****Mailing Address****244 HARBOR LANE**  
**MASSAPEQUA NY 11762****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number**  
**11-3154813****Applied For**  
**Not Applicable****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****B&C CORP. SERVICES OF CENTRAL FLORIDA INC.**  
**390 NORTH ORANGE AVE.**  
**SUITE 1100**  
**ORLANDO FL 32801****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.****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** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CASSIS, CONSTANTINE N	244 HARBOR LANE	MASSAPEQUA NY 11762	<input type="checkbox"/>
AVPD	CASSIS, NICHOLAS	2603 BONNIE COURT	MERRICK NY 11566	<input type="checkbox"/>
TD	CASSIMATIS, GEORGE	146 RICHARD PATH	ST. JAMES NY 11780	<input type="checkbox"/>
VP	CASSIS, CAROL	244 HARBOR LANE	MASSAPEQUA NY 11762	<input type="checkbox"/>
S	CASSIMATIS, ELAINE	100 BROOKLYN AVENUE	FREEPORT NY 11520	<input type="checkbox"/>
AS	CASSIMATIS, EMANUEL	1040 RIVERSIDE DRIVE	WANTAGH NY 11793	<input type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/02

(516) 798-6064

CR2E034 (9/01)