

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90212 041 ***150.00

DOCUMENT # P93000047250

1. Entity Name
TOTEM AMALGAMATED, INC.

Principal Place of Business
2640 NW 83RD TER
CORAL SPRINGS FL 33065

Mailing Address
2640 NW 83RD TER
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8464 NW 78 CT

3. Mailing Address
8464 NW 78 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMARAC FL

City & State
TAMARAC FL

4. FEI Number **13-2866212**

Applied For
Not Applicable

Zip
33321

County
BROWARD

Zip
33321

County
BROWARD

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLAHAN, KAREN
2640 NW 83RD TER
CORAL SPRINGS FL 33065

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D CALLAHAN, KAREN**
STREET ADDRESS **2640 NW 83RD TER**
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE ☒ Change ☐ Addition
NAME **D CALLAHAN, KAREN**
STREET ADDRESS **8464 NW 78 CT**
CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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 #

CR2E034 (9/01)