

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000002182**

1. Entity Name

**GROUP ENTERPRISES, INC.**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90096 013 \*\*\*158.75

Principal Place of Business

**5441 NW 120TH AVENUE  
CORAL SPRINGS FL 33076  
US**

Mailing Address

**7744 PETERS ROAD  
PMB #311  
PLANTATION FL 33324  
US**

2. Principal Place of Business

**5088 N.W. 89 WAY**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**CORAL SPRINGS FL**

City & State

Zip

**33067**

Country

**USA**

Zip

Country

4. FEI Number

**65-0463060**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LAW OFFICE MICHAEL, BERAHA  
6100 GLADES RD.  
STE. 204  
BOCA RATON FL 33434**

7. Name and Address of New Registered Agent

Name **ELYSE GREENE**

Street Address (P.O. Box Number is Not Acceptable)

**5088 NW 89th WAY**

City **CORAL SPRINGS**

**FL**

Zip Code

**33067**

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

*Elyse Greene*

**ELYSE GREENE**

**1.15.2002**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC GREENE, ELYSE 5441 NW 120TH AVENUE CORAL SPRINGS FL 33076</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SPITZ, FRANCES 5441 NW 120TH AVE CORAL SPRINGS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KORN, JUDITH 3201 SW 22 ST FT LAUDERDALE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KETTELHUT, H K 227 GOOLSBY BLVD DEERFIELD BEACH FL</b>	<input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5088 N.W. 89 WAY CORAL SPRINGS FL 33067</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5088 N.W. 89 WAY CORAL SPRINGS, FL-33067</b>	
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)(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:

*Elyse Greene, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1.15.2002**

Date

**954 683 1706**

Daytime Phone #

CFR2E034 (9/01)