2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am Secretary of State P94000045008 OCUMENT # **Entity Name** 02-20-2002 90164 046 ***150.00 56 ENTERPRISES, INC. Mailing Address incipal Place of Business 7800 NE 8TH WAY BOO NE 8TH WAY OCA RATON FL 33487 **BOCA RATON FL 33487** 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0500647 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DASZKAL, ALEX Street Address (P.O. Box Number is Not Acceptable) 7800 NE 8TH WAY **BOCA RATON FL 33487** Zip Code City 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 GNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITI F TLE DASZKAL, ALEX NAME AME **7800 NE 8TH WAY** STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP **BOCA RATON FL 33487** ☐ Change ☐ Addition TITLE ☐ Delete TLE NAME AME STREET ADDRESS REET ADORESS CITY-ST-ZIP TY-ST-ZIP ☐ Change ☐ Addition TLE ☐ Delete TITLE AME NAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP ☐ Change ☐ Addition TLE ☐ Delete TITLE NAME AME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TLE ☐ Delete TITLE AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TY-ST-ZIP TLE TITLE ☐ Change Addition ☐ Delete NAME AME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TTY-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 the empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02

FILED

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