

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90076 024 \*\*\*150.00

**DOCUMENT # P94000064692**

1. Entity Name  
**CELA' ENTERPRISES, INC.**



Principal Place of Business  
**36362 US HWY 19 N**  
**PALM HARBOR FL 34684**

Mailing Address  
**P.O. BOX 1237**  
**PALM HARBOR FL 34682-1237**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3265183**

Applied For

Not Applicable

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

**SEIN, EUNICE**  
**190 N MAYO ST**  
**CRYSTAL BEACH FL 34881**

Name **Koon Eunice S.**

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

**US Hwy 19 N**

City **Palm Harbor**

FL

Zip Code **34684**

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 *Eunice Sein*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**5/2/02**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP**  
 NAME **SEIN, EUNICE** ☐ Delete  
 STREET ADDRESS **190 N MAYO ST**  
 CITY-ST-ZIP **CRYSTAL BEACH FL 34881**

TITLE **Koon Eunice S.** ☒ Change ☐ Addition  
 NAME **36406 US Hwy 19 N**  
 STREET ADDRESS **Palm Harbor, FL 34684**  
 CITY-ST-ZIP

TITLE **TD**  
 NAME **JURADO-HERNANDEZ, KATHRYN** ☒ Delete  
 STREET ADDRESS **13131 CARROLLWOOD CREEK DR**  
 CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE **VPD**  
 NAME **HERNANDEZ, DANNY** ☒ Delete  
 STREET ADDRESS **13131 CARROLLWOOD CREEK DR**  
 CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

*Eunice Sein* **EUNICE SEIN** **5/6/02** **727-785-5863**

CR2E034 (9/01)