

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90036 004 ***150.00

DOCUMENT # P94000089774

1. Entity Name

SERENE, INC.

Principal Place of Business

**1705 S. BARFIELD HWY.
SUITE 101
PAHOKEE FL 33476
US**

Mailing Address

**PO BOX 673
LOXAHATCHEE FL 33470
US**

2. Principal Place of Business

1199 S. MAIN STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2

City & State

BELLE GLADE, FL

City & State

Zip

Zip

33430

Country

US

Zip

Country

6. Name and Address of Current Registered Agent

**KORNSTEIN, CAROLINE
12990 BLUE LAKE DR
WELLINGTON FL 33414**

4. FEI Number

65-0539689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **KORNSTEIN, MARCOS**
STREET ADDRESS **12990 BLUE LAKE DR**
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Officer VP** ☐ Change ☒ Addition
NAME **Caroline Kornstein**
STREET ADDRESS **12990 Blue Lake Drive**
CITY-ST-ZIP **Wellington FL 33414**

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

TITLE ☐ Change ☐ Addition
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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 OF PRESIDENT

1/11/02

561 333 1007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0397804 AV

CR2E034 (9/01)