

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056959

1. Entity Name

MENPARK ENTERPRISES, INC.

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91156 049 ***150.00

Principal Place of Business

Mailing Address

8222 WILES ROAD, SUITE 822
 CORAL SPRINGS, FL 33067

2. Principal Place of Business

3. Mailing Address

4613 University Drive

Suite, Apt. #, etc.
 Suite 322

Suite, Apt. #, etc.

City & State
 CORAL SPRINGS, FLORIDA

City & State

Zip
 33067

Country
 Broward

Zip

Country

4. FEI Number

59-2678542

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

RODOLFO MENDEZ
 8222 WILES RD., STE 822
 CORAL SPRINGS, FL 33067

Name
 RODOLFO MENDEZ

Street Address (P.O. Box Number is Not Acceptable)
 4613 UNIVERSITY DR. STE 3222

City
 CORAL SRPINGS

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

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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 President
 Rodolfo Mendez
 8251 NW 42nd Street
 Coral Springs, FL 33065

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Vice-Pres.
 Kathleen Mendez
 8251 NW 42nd Street
 Coral Springs, FL 33065

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)