

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90483 025 ***150.00

0369073 AV

DOCUMENT # P95000071889

1. Entity Name
CALACO ENTERPRISES, INC.



Principal Place of Business
**120 EAST OAKLAND PARK BOULEVARD
STE 105
FORT LAUDERDALE FL 33334**

Mailing Address
**120 EAST OAKLAND PARK BOULEVARD
PMB 105
FORT LAUDERDALE FL 33334**

11003625



2. Principal Place of Business

3. Mailing Address

2141 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

372

City & State

City & State

CORAL SPRINGS, FL

Zip

Country

Zip

Country

33071

U.S.A.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0608136**

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

**GRUNBICHLER, CARL
120 EAST OAKLAND PARK BOULEVARD, SUITE 105
FORT LAUDERDALE FL 33334**

Name **CARL GRUNBICHLER**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GRUNBICHLER, CARL 120 EAST OAKLAND PARK BOULEVARD, SUITE 105 FORT LAUDERDALE FL 33334	<input 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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 (10/02)