## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 29, 2002 8:00 am § Secretary of State **DOCUMENT #** P96000014048 1. Entity Name VAN ETTEN ENTERPRISES, INC. 05-29-2002 90724 014 \*\*\*150.00 Principal Place of Business Mailing Address 150 SE 2ND AVE 150 SE 2 AVE STE 800 STE 800 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0643387 Not Applicable Zip Country Country \$8.75 Additional \_5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRISTOPHER, WALDERA B Street Address (P.O. Box Number is Not Acceptable) 6400 OVERSEAS HIGHWAY MARATHON FL 33050 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE CR2E034 (9/01 ☐ Addition NAME VAN ETTEN, EDWARD A NAME STREET ADDRESS 5720 SOUTHWEST 116TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME van etten, john edward NAME STREET ADDRESS 5720 SOUTHWEST 116TH AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

**FILED**