

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90069 001 ***150.00

0376486 AV

DOCUMENT # P97000009031

1. Entity Name
LOOSE ENZ INDUSTRIES, INC.

Principal Place of Business

**8885 BOCA RIO DRIVE
 BOCA RATON FL 33433**

Mailing Address

**8885 BOCA RIO DRIVE
 BOCA RATON FL 33433**



2. Principal Place of Business

22730 BELLA RITA CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

22730 BELLA RITA CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BOCA RATON, FLORIDA

Zip
33433

Country

USA

City & State

BOCA RATON, FLORIDA

Zip
33433

Country

USA

4. FEI Number

65-0766167

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BARONE, JOSEPH J
 8885 BOCA RIO DRIVE
 BOCA RATON FL 33433**

**CHANGE OF
 ADDRESS**

7. Name and Address of New Registered Agent

Name

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

22730 BELLA RITA CIRCLE

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 **D** ☐ Delete
 NAME **BARONE, JOSEPH J**
 STREET ADDRESS **8885 BOCA RIO DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **22730 BELLA RITA CIRCLE**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/02
 Date

561-466-7666
 Daytime Phone #

CR2E034 (9/01)