

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90032 046 ***150.00

DOCUMENT # P97000019466

1. Entity Name

MENSAK CORPORATION

Principal Place of Business

Mailing Address

~~G/O CATHARINA INN~~
~~300 NORTH BIRCH ROAD~~
~~FT LAUDERDALE FL 33304~~

~~G/O CATHARINA INN~~
~~300 NORTH BIRCH ROAD~~
~~FT LAUDERDALE FL 33304~~

2. Principal Place of Business

2715 N. OCEAN BLVD.

3. Mailing Address

2715 N. OCEAN BLVD

Suite, Apt. #, etc.

3 E

Suite, Apt. #, etc.

3 E

City & State

FT. LAUDERDALE

City & State

FT. LAUDERDALE

4. FEI Number

65-0745909

Applied For

Not Applicable

Zip

33308

Country

FLORIDA

Zip

33308

Country

FLORIDA

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

MENSAK, RALF

~~300 NORTH BIRCH ROAD~~
~~FT LAUDERDALE FL 33304~~

33308

2715 N. OCEAN DRIVE #3 E

Name

MENSAK, RALF

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

2715 NORTH OCEAN BLVD #3 E

City

FT. LAUDERDALE

FL

Zip Code

33308

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 ☐ Delete
NAME **P/D**
STREET ADDRESS **MENSAK, RALF**
CITY-ST-ZIP **2715 N. OCEAN DRIVE #3 E**
300 N BIRCH RD
FT LAUDERDALE FL 33304

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

TITLE ☐ Delete
NAME **ST/D**
STREET ADDRESS **MENSAK, PAULA ANA**
CITY-ST-ZIP **2715 N. OCEAN DRIVE #3 E**
300 N BIRCH RD
FT LAUDERDALE FL 33304

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02/15/01 954 5671839

CR2E034 (10/00)