

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90018 003 ***150.00

DOCUMENT # P97000019466

1. Entity Name
MENSAK CORPORATION

Principal Place of Business

C/O CATHARINA INN
2715 N OCEAN BLVD 3E
FORT LAUDERDALE FL 33308

Mailing Address

C/O CATHARINA INN
2715 N OCEAN BLVD 3E
FORT LAUDERDALE FL 33308

2. Principal Place of Business

1102 NW 180 AVE

3. Mailing Address

1102 NW 180 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FLORIDA

City & State

PEMBROKE PINES, FLORIDA

4. FEI Number

65-0745909

Applied For

Not Applicable

Zip
33029

Country
USA

Zip
33029

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MENSAK, RALF
2715 N OCEAN BLVD 3E
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

MENSAK, RALF
1102 NW 180 AVE
PEMBROKE PINES FL 33029

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	P/D	<input type="checkbox"/> Delete
NAME	MENSAK, RALF	
STREET ADDRESS	2715 N OCEAN DRIVE 3E	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	ST/D	<input type="checkbox"/> Delete
NAME	MENSAK, PAULA ANA	
STREET ADDRESS	2715 N OCEAN DRIVE 3E	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENSAK, RALF	
STREET ADDRESS	1102 NW 180 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	ST/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENSAK, PAULA ANA	
STREET ADDRESS	1102 NW 180 AVE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (9/01)