## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P97000024452** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name ENPROTEC INTERNATIONAL, INC 04-26-2000 90066 017 \*\*\*150.00 Principal Place of Business Mailing Address 19706 BAY COVE DRIVE 19706 BAY COVE DRIVE **BOCA RATON FL 33434 BOCA RATON FL 33434-5105** 2. Principal Place of Business 3. Mailing Address 20329 80 BOCK WEST DR MAIN STREET Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE P.O. BOX 160 . 1506 City & State City & State 4. FEI Number Applied For 65-0734474 BOUARATON, FLORIDA VERMONT KILHFORD Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 05476 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CROSS, WILLIAM S Street Address (P.O. Box Number is Not Acceptable) 1177 S.E. 3RD AVENUE FT LAUDERDALE FL 33316 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD Addition PD/ST ☐ Change Delete TITLE TITLE ROBINSON, MARITA ENGLO ROBINSON, MARITA ENSIO NAME 20329 BOCA WEST DR. NO. 1506 19706 BAY COVE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL33434 CITY-ST-ZIP **BOCA RATON FL 33434** Delete ☐ Change \_\_\_ Addition TITLE TITLE RINNE, TUOMAS NAME NAME 19706 BAY COVE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** ST Delete TITLE ☐ Change ☐ Addition TITLE SACON, MIRTA NAME NAME STREET ADDRESS 19706 BAY COVE DRIVE STREET ADDRESS **BOCA RATON FL 33434** CITY-ST-ZIP CITY-ST-ZIP Vb Change ☐ Addition ☐ Delete TITLE ROBINSON, PAUL ROBINSON, PAUL NAME NAME 20329 BUCH WEST DR No. 1506 19706 BAY COVE DRIVE STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33434 City-St-ZiP CITY-ST-ZIP **BOCA RATON FL 33434** ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 supplier ental leport 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 of 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.

GN SID

ROBINSON

APRIL 12/2000 . 561-85

MARITA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: