

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90133 023 ***150.00

DOCUMENT # P97000037549

1. Entity Name
EPHESIANS ENTERPRISE CORP.

Principal Place of Business

Mailing Address

430 S.E. 11 ST., #102
 DEERFIELD BEACH FL 33441

430 S.E. 11 ST., #102
 DEERFIELD BEACH FL 33441-8004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2300 W SAMPLE RD.

2300 W SAMPLE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

200 A

200 A

City & State

City & State

POMPANO BEACH - FL

POMPANO BEACH FL

Zip

Country

33073

BROWARD

33073

Country

BROWARD

4. FEI Number

52-2032872

Applied For

Not Applicable

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

THOMAZ FOLMANN, CARLOS A
430 S.E. 11 ST., #102
DEERFIELD BEACH FL 33441

Name

THOMAZ FOLMANN, CARLOS A

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

2300 W SAMPLE RD 200 A

City

POMPANO BEACH - FL

Zip Code

33073

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, 2000 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

PVST
THOMAZ FOLMANN, CARLOS A
430 S.E. 11 ST., #102
DEERFIELD BEACH FL 33441

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
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D
THOMAZ FOLMANN, CARLOS A
430 S.E. 11 ST., #102
DEERFIELD BEACH FL 33441

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☐ Change ☐ Addition

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 #

THOMAZ FOLMANN, CARLOS A, 3/5/2000, (954) 461 5036

CR2E034 (9/99)