## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED**

## DOCUMENT # P98000017007 1. Entity Name

CAMARDA ENTERPRISES, INC.

Principal Place of Business 405 S. RIVERSIDE DR POMPANO BCH FL 33062

Mailing Address

405 STRIVERSIDE DR POMPANO BCH FL 33062-5528

2. Principal Place of Business	3. Mailing Address				
	· <u> </u>				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	١			
City & State	City & State	$\dashv$			
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Zin Country	Zin Country				

Mar 15, 2000 8:00 am Secretary of State

03-15-2000 90068 030 \*\*\*150.00



DATE

Suite, Apr. #, etc	<b>,</b>	Odnie, Apt. #, Ct	Outio, Apr. #, Oto.		Bottot Wille IIV Who dation		
City & State		City & State	City, & State		4. FEI Number 65-082 1684 Applied Not Appl		
Zip	Country	Zip	Coun	try	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		
		1		Name			
CAMARDA, FRANK C 405 S. RIVERSIDE DR POMPANO BCH FL 33062			Street Addres		ss (P.O. Box Number is Not Acceptable)		
				City		Zip Code	

City

(NOTE: Registered Agent signature required when reinstating)

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

Signature, typed or printed name of registered agent and title if applicable.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition SPDT TITLE ☐ Delete TITLE NAME CAMARDA, FRANK C STREET ADDRESS STREET ADDRESS 405 S. RIVERSIDE DR CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL 33062 ☐ Change Addition ☐ Delete TITLE TITLE NAME CAMARDA, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 677 NW 133 WAY CITY-ST-ZIP CITY-ST-ZIP PLANATAION FL 33325 ☐ Change ☐ Addition ☐ Delete T(TLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.