

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90261 001 ***150.00

0171936 AV

DOCUMENT # P98000017007

1. Entity Name

CAMARDA ENTERPRISES, INC.

Principal Place of Business

**405 S. RIVERSIDE DR
 POMPANO BCH FL 33062**

Mailing Address

**405 S. RIVERSIDE DR
 POMPANO BCH FL 33062**

847-100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3561 Powerline Road

Suite, Apt. #, etc.

3. Mailing Address

3561 Powerline Rd

Suite, Apt. #, etc.

City & State

Oakland Park, FL

Zip

33309

Country

USA

City & State

Oakland Park, FL

Zip

33309

Country

USA

4. FEI Number

65-0821684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

CAMARDA, FRANK C

**405 S. RIVERSIDE DR
 POMPANO BCH FL 33062**

7. Name and Address of New Registered Agent

Name **Elizabeth Camarda**

Street Address (P.O. Box Number is Not Acceptable)
3561 Powerline Road

Oakland

City **Oakland Park**

FL

Zip Code **33309**

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 **Elizabeth Camarda**

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

(NOTE: Registered Agent signature required when reinstating)

4/12/02

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
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **SPDT.** ☐ Delete
 NAME **CAMARDA, FRANK C**
 STREET ADDRESS **405 S. RIVERSIDE DR**
 CITY-ST-ZIP **POMPANO BCH FL 33062**

TITLE **V** ☐ Delete
 NAME **CAMARDA, ELIZABETH**
 STREET ADDRESS **677 NW 133 WAY**
 CITY-ST-ZIP **PLANATAION FL 33325**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 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 I am empowered.

SIGNATURE:

Elizabeth Camarda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

(954) 567-9723

Daytime Phone #

CR2E034 (9/01)