

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018467

1. Entity Name

ENTRE NOUS 2000 INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90061 012 ***150.00

Principal Place of Business

Mailing Address

10 VIA EE4 CASAS SUR
NO. 205
BOYNTON BEACH FL 33426

10 VIA EE4 CASAS SUR
NO. 205
BOYNTON BEACH FL 33426

813539



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2211-2nd Ave. N.

P.O. BOX 4746

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1-2-3

City & State

City & State

LAKE WORTH, FL

BOYNTON BEACH, FL

Zip

Country

Zip

Country

33461

USA

33424

USA.

4. FEI Number 65-0819488

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

BURNS, ALBA
10 VIA EE4 CASAS SUR
NO. 205
BOYNTON BEACH FL 33426

Name

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

City

FL

Zip Code

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 VPT
NAME BURNS, KEITH
STREET ADDRESS 10 VIA EE4 CASAS SUR-STE.205
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Delete

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

TITLE S
NAME BURNS, ALICIA
STREET ADDRESS 10474 BOYNTON PLACE CIRCLE-APT. 636
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ Delete

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

TITLE P
NAME BURNS, ALBA
STREET ADDRESS 10 VIA EE4 CASAS SUR-STE. 205
CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Alba Burns ALBA BURNS 2/16/00 561-582-5966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #