

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90070 029 ***150.00

DOCUMENT # P98000018467

1. Entity Name
ENTRE NOUS 2000 INC.

Principal Place of Business

**2211-2ND AVE N
 123
 LAKE WORTH FL 33461**

Mailing Address

**PO BOX 4746
 BOYNTON BEACH FL 33424**

2. Principal Place of Business

Bldg A-18 L Est. BOVONI

3. Mailing Address

P.O. Box 305098

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. THOMAS VI

City & State

ST. THOMAS VI

Zip

Country

00802 USVI

Zip

Country

00803 USVI

6. Name and Address of Current Registered Agent

**BURNS, ALBA
 6952 TRADEWIND WAY
 LANTANA FL 33462**

7. Name and Address of New Registered Agent

Name BURNS AIBA
Street Address (P.O. Box Number is Not Acceptable)
1030 Lovell Drive
City TITUSVILLE, FL Zip Code 32796

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

(NOTE: Registered Agent signature required when reinstating)

4/30/02
 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	VPT	<input type="checkbox"/> Delete
NAME	BURNS, KEITH	
STREET ADDRESS	6952 TRADEWIND WAY	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURNS, ALICIA	
STREET ADDRESS	308 BELMONT PLACE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	P	<input type="checkbox"/> Delete
NAME	BURNS, ALBA	
STREET ADDRESS	6952 TRADEWIND WAY	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, Keith	
STREET ADDRESS	1030 Lovell Drive	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALICIA LENNOX	
STREET ADDRESS	1030 Lovell Drive	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, AIBA	
STREET ADDRESS	1030 Lovell Drive	
CITY-ST-ZIP	TITUSVILLE, FL 32796	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Alba Burns*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002 **340**
 Date Daytime Phone #

CR2E034 (9/01)