

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90068 001 ***150.00

2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P980000 44755

1. Entity Name

ARDEL ENTERPRISES INC

DO NOT WRITE IN THIS SPACE

656250

2. Principal Place of Business
342 PIERCE ST
Suite, Apt. #, etc.

3. Mailing Address
342 PIERCE ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD FL
Zip
33019
Country
BROWARD

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Zip
33019
Country
BROWARD

4. FEI Number
65-0891718
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
FILINGS INC
Street Address (P.O. Box Number is Not Acceptable)
3732 NW 16 ST
City
FT LAUDERDALE FL Zip Code
33311-4132

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 is required when re-electing)

DATE

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARDEL JAN MARIA
342 PIERCE ST
HOLLYWOOD FL 33019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ONUC ANETA
342 PIERCE ST
HOLLYWOOD FL 33019

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CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 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 #

CR2E034B (12/01)