

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90026 014 ***150.00

DOCUMENT # P98000065367

1. Entity Name
SERRANO ENTERPRISES, INC.

Principal Place of Business Mailing Address

1507 S.E. 47TH TERRACE **1507 S.E. 47TH TERRACE**
CAPE CORAL FL 33904 **CAPE CORAL FL 33904**

Principal Place of Business 3. Mailing Address

6900-29 Daniels Parkway **P.O. Box 133**

Suite, Apt. #, etc. Suite, Apt. #, etc.

6900-29 Daniels Parkway

City & State City & State

Fort Myers, Florida **Fort Myers, Florida**

Zip Country Zip Country

33912 **USA** **33912** **USA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LICHTMAN, JONATHAN J
SUITE D-100
4800 N. FEDERAL HIGHWAY
BOCA RATON FL 33431

4. FEI Number Applied For

65-0869974 Not Applicable

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

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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
Main Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :	
<input checked="" type="checkbox"/> Delete	D ERHARD, MICHAEL 1507 S.E. 47TH TERRACE CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D KALLENBORN, AXEL P.O. Box 133, 6900-29 Daniels Pkwy. Fort Myers, Florida 33912
<input checked="" type="checkbox"/> Delete	D SCHNEIDER, ANDREA 1507 S.E. 47TH TERRACE CAPE CORAL FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *A. Kallenborn* Axel. Kallenborn, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #