2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000090479

' PONDAPPLE ENTERPRISES, INC.

Principal Place of Business Mailing Address

1355 WEST PALMETTO PARK ROAD **BOCA RATON FL 33486**

1355 WEST PALMETTO PARK ROAD BOCA RATON FL 33486

2. Principal Place of Business 3. Mailing Address

FILED Feb 28, 2001 8:00 am Secretary of State

02-28-2001 90102 016 ***150.00



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#, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
e	City & State			4. FE	FEi Number 65-0870432			plied For t Applicable		
	Country	Zip Country			5. Ce	\$9.75 A.L.				
6. Name a	nd Address of Current Req	gistered Agent			7. Na	me and Address of New Regis	tered Aç	ent		
Benjamin, gerald g 1355 west palmetto park road Boca raton fl 33486					Name Street Address (P.O. Box Number is Not Acceptable)					
					Signature, typed or oration is eligib	printed name of registered agent and	FILE NO After MAY 1,	NOTE Registers W!!! FEE 2001 Fee	IS \$150.00 will be \$550.00	uired when rein
	OFFICERS AND DIE	L RECTORS	12		ADD	NITIONS/CHANGES TO DEFICE	BS AND I	NIDECTOR:	S INI 11	
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1355 WES	D Delete BENJAMIN, GERALD G 1355 WEST PALMETTO PARK ROAD BOCA RATON FL 33486		NAN STR	ME EET ADDRESS			-	☐ Change	Addition	
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	G. Name a JAMIN, GERA WEST PALM A RATON FL named entity: Signature, typed or oration is eligib requirement arria on back) D BENJAMIN 1355 WEST BOCA RAT D BENJAMIN 1355 WEST	Country 6. Name and Address of Current Reg JAMIN, GERALD G WEST PALMETTO PARK ROAD A RATON FL 33486 named entity submits this statement for the Signature, typed or printed name of registered agent and pration is eligible to satisfy its Intangible requirement and elects to do so. ria on back) OFFICERS AND DIFT D BENJAMIN, RUTH L 1355 WEST PALMETTO PARK ROA BOCA RATON FL 33486 D BENJAMIN, GERALD G 1355 WEST PALMETTO PARK ROA BOCA STATEMENT OF PARK ROA BOCA STATEMENT OF PARK ROA BOCA STATEMENT OF PARK ROA BENJAMIN, GERALD G 1355 WEST PALMETTO PARK ROA	Country Zip 6. Name and Address of Current Registered Agent DAMIN, GERALD G WEST PALMETTO PARK ROAD A RATON FL 33486 Inamed entity submits this statement for the purpose of changing Signature, typed or printed name of registered agent and title if applicable. Oration is eligible to satisfy its Intangible requirement and elects to do so. Tailon back) OFFICERS AND DIRECTORS D BENJAMIN, RUTH L 1355 WEST PALMETTO PARK ROAD BOCA RATON FL 33488 D BENJAMIN, GERALD G 1355 WEST PALMETTO PARK ROAD BOCA RATON FL 33486 D BENJAMIN, GERALD G 1355 WEST PALMETTO PARK ROAD BOCA RATON FL 33486 D Delete	City & State Country	Country Country Zip Country 6. Name and Address of Current Registered Agent IAMIN, GERALD G WEST PALMETTO PARK ROAD A RATON FL 33486 City Inamed entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable. (NOTE: Registered Agent alignature requirement and elects to do so. In an aback) In a street Addres FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.0 Make Check Payable to Department of Street Address OFFICERS AND DIRECTORS D BENJAMIN, RUTH L 1355 WEST PALMETTO PARK ROAD BOCA RATON FL 33486 D BENJAMIN, GERALD G 1355 WEST PALMETTO PARK ROAD BOCA RATON FL 33486 D Delete ITTLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete	City & State Country Zip Country 5. Ca 6. Name and Address of Current Registered Agent Name JAMIN, GERALD G WEST PALMETTO PARK ROAD A RATON FL 33486 Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when ren (INOTE: Registered Agent align	Country Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florids Squakee, typed or printed name of registered agent and till of applicable. Oration is eligible to satisfy its Intangible requirement and elects to do so. Is on back) OFFICERS AND DIRECTORS Delete FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State NAME SISTERT ADDRESS CITY-ST-ZIP Delete SITLE NAME SISTERT ADDRESS CITY-ST-ZIP Delete SITLE NAME SISTERT ADDRESS CITY-ST-ZIP Delete SITLE NAME SITLE ADDRESS CITY-ST-ZIP Delete	Country Zip Country 5. Certificate of Status Desired \$\frac{\text{\$\circ}}{\text{\$\circ}}\$. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMIN, GERALD G	Country Zp Country 5. Certificate of Status Desired \$8.75 Add No. Report Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name	

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 enpowered 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: