

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91330 012 ***150.00

DOCUMENT # **P98000104326**
1. Entity Name
CONCENTRIC ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7154 N. UNIVERSITY DR.		3. Mailing Address 7154 N. UNIVERSITY DR.	
Suite, Apt. #, etc. 65		Suite, Apt. #, etc. 65	
City & State TAMARAC, FL		City & State TAMARAC, FL	
Zip 33319	Country USA	Zip 33319	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0882823	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: **LOUIS A. MANDIC**
Street Address (P.O. Box Number is Not Acceptable)
7154 N. UNIVERSITY DRIVE, SUITE 65
City: **TAMARAC** FL Zip Code: **33319**

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 **Louis A. Mandic** (LOUIS A. MANDIC, C.O.O.) **4-30-02**
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) ☒

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	PRESIDENT NATALIO PEREZ 7154 N UNIVERSITY DRIVE, SUITE 65 TAMARAC, FL, 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C.O.O. LOU MANDIC 7154 N. UNIVERSITY DRIVE, SUITE 65 TAMARAC, FL, 33319
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Louis A. Mandic** (LOUIS A. MANDIC, C.O.O.) **4-30-02** **954-415-1572**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)