

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000872

1. Entity Name

THE EMENAR SERVING CO.

FILED
May 22, 2000 8:00 am
Secretary of State

05-01-2000 90441 010 ***150.00

Principal Place of Business

Mailing Address

10663 SADDLECREEK DRIVE
BOCA RATON FL 33496

10663 SADDLECREEK DRIVE
BOCA RATON FL 33496

2. Principal Place of Business

12439 Rockledge Circle

Suite, Apt. #, etc.

3. Mailing Address

12439 Rockledge Circle

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Boca Raton

Zip

33428

Country

USA

Zip

33428

Country

USA

4. FEI Number

65-0885075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

HERFIELD, ROBIN
12439 ROCKLEDGE CIRCLE
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 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
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	D	<input type="checkbox"/> Delete
NAME	COON, DONNA	
STREET ADDRESS	10663 PLAINVIEW CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAAS, MINDY	
STREET ADDRESS	9045 SADDLEWOOD DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERFIELD, ROBIN	
STREET ADDRESS	12439 ROCKLEDGE CIRCLE	
CITY-ST-ZIP	BOCA RATON FL 33428	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lobel, Donna	
STREET ADDRESS	10663 Plainview Circle	
CITY-ST-ZIP	Boca Raton, FL 33498	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haas, Mindy	
STREET ADDRESS	9045 Saddlecreek Dr	
CITY-ST-ZIP	Boca Raton, FL 33496	
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/00
Date

561-368-515
Daytime Phone #

CR2E034 (9/99)