

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**  
 02-08-2001 90167 046 \*\*\*150.00

0297332

**DOCUMENT # P99000000872**

1. Entity Name  
**THE EMENAR SERVING CO.**

Principal Place of Business  
**12439 ROCKLEDGE CIRCLE**  
**BOCA RATON FL 33428**

Mailing Address  
**12439 ROCKLEDGE CIRCLE**  
**BOCA RATON FL 33428**

2. Principal Place of Business  
**10663 Plainview Circle**  
 Suite, Apt. #, etc.

3. Mailing Address  
**10663 Plainview Circle**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Boca Raton Florida**

City & State  
**Boca Raton, Florida**

4. FEI Number **65-0885075** Applied For ☐ Not Applicable ☐

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

Zip **33498** Country **USA** Zip **33498** Country **USA**

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 **Donna Lobel**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10663 Plainview Circle**  
 City **Boca Raton** FL **33498**

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 *Donna Lobel* (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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOBEL, DONNA</b> <b>10663 PLANVIEW CIRCLE</b> <b>BOCA RATON FL 33498</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAAS, MINDY</b> <b>9045 SADDLEWOOD DRIVE</b> <b>BOCA RATON FL 33498</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HERFIELD, ROBIN</b> <b>12439 ROCKLEDGE CIRCLE</b> <b>BOCA RATON FL 33428</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *M. J. Haas* 561-368-5154  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)