

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90432 034 ***150.00

DOCUMENT # **P99000104530** ✓

1. Entity Name

Everglades Enterprises USA Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

512 SE 32 Street

Suite, Apt. #, etc.

3. Mailing Address

512 SE 32 Street

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number

65-1055600

Applied For

Not Applicable

Zip
33316

Country
USA

Zip
33316

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Shelly Laffey**

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

30849 Eastridge Ter

City **Sorrento**

FL

Zip Code **32776**

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

Shelly J Laffey

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/02

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	PD Ken E Nielsen 512 SE 32 St Ft Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Shelly Laffey 30849 Eastridge Ter Sorrento FL 32776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bricken, Henrik 139 NW 72 Ave Plantation, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Poul Sorensen Golfvej 7 9440 Aabybro, Denmark
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shelly J Laffey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02

Date

407644-6543

Daytime Phone #

CR2E034B (12/01)