

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90068 010 ***150.00

0077205

DOCUMENT # P99000111012

1. Entity Name
ENKAR CORPORATION

Principal Place of Business **Mailing Address**
~~17190 RYTON LANE~~ **6240 HOLLOWES LANE** ~~17190 RYTON LANE~~
~~BOCA RATON FL 33496~~ **DELRAY BEACH, FL 33484** ~~BOCA RATON FL 33496~~ **same**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**
6240 HOLLOWES LANE **6240 HOLLOWES LANE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
DELRAY BEACH, FL **DELRAY BEACH, FL**

Zip **Country** **Zip** **Country**
33484 **USA** **33484** **USA**

4. FEI Number **65-0972147** **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOOM, NANCY
17190 RYTON LANE **6240 HOLLOWES LANE**
BOCA RATON FL 33496 **DELRAY BEACH, FL 33484**

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 _____ **DATE** _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<input type="checkbox"/> Delete
NAME	BLOOM, NANCY
STREET ADDRESS	17190 RYTON LANE 6240 HOLLOWES LANE
CITY-ST-ZIP	BOCA RATON FL 33496 DELRAY BEACH, FL 33484
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	
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	
STREET ADDRESS	6240 HOLLOWES LANE
CITY-ST-ZIP	DELRAY BEACH, FL 33484
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	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-8-02 **561-865-4243**
 Date Daytime Phone #

CR2E034 (9/01)