## **2001 UNIFORM BUSINESS REPORT (UBR)**

1. Entity Nan	MENT # \$0684 ENTERPRISES CORP.	46			/	Secretary 0 08-14-2001 90011 05	of Stat	te	
Principal Place of Business 27 PENNOCK LANE STE 101 JUPITER FL 33458		Mailing Address 27 PENNOCK LANE STE 101 JUPITER FL 33458							
2. Principal Place of Business		3. Mailing Address			<u> </u>	- I TUDULARU III OCINO BUIOT RORUL GUALA QUIL BUDIL			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	FEI Number <b>65-0227703</b>		pplied For		
Zip	Country	Zip	Zip Count		5. Certificate of Status Desired S8.75 Additional Fee Required		ditional		
	6. Name and Address of Currer	t Registered Agent			7. 1	Name and Address of New Registers			
		manufacture and the same of th		Name		-		·> :	
27 PENNOCK LANE STE 101				Street Address	ss (P.O. Box Number is Not Acceptable)				
JUPITER F	FL 33458		City			F	Zip Coc	ie	
8. The above	e named entity submits this statement	for the purpose of changing it	ts registere	ed office or regist	ered ag	ent, or both, in the State of Florida.			
SIGNATURE	Signature, typed or printed name of registered age		NE Consistence	d Agent signature requir		einstating) DAT	-	<u>.</u>	
Tax filing	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	After September 1	FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750. Make Check Payable to Department of Sta						
11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS					
NAME	PSD KARMAS, JAMES 27 PENNOCK LANE/STE 101 JUPITER FL 33458	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete				the state with the state of the	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l		- A	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			Change	☐ Addition	
indicated of the cor	on this report or supplemental report	is true and accurate and that nowered to execute this renor	my signati rt as requir	ure shall have the	same l	119.07(3)(i), Florida Statutes. I further of egal effect as if made under oath; that da Statutes; and that my name appear	I am an officer	or director	