2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36923

1. Entity Name

PORTEN COMPANIES, INCORPORATED

FILED Apr 09, 2001 8:00 am Secretary of State 04-09-2001 90033 046 ***150.00

Principal Place 832 S. MILITARY DEERFIELD BEA US	TRAIL		Mailing Address 832 S. MILITARY TRAIL DEERFIELD BEACH FL 33442 US				 111		4415	-		KIN 110
2. Principal P 666 S. Suite, Apt.	lace of Busin #, etc.	tory Trail	3. Mailing Address 6665 Military Trail Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State	e		City & State				0070/240000				plied For t Applicable	
Zip Country			Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registered Agent				7. Name	and Address o	f New Reg	stered Ag	ent	
COR	PCO, INC.				Name	-1-1	1 O Parith		table)			
2699		ORE DR. , 7TH FL.			Street A	adress (F	O. Box Nu	ımber is Not Ac	ceptable)			
,,,,,							City			FL Zip Code		
8. The above	named entity	submits this statement for	r the purpose of changing	its register	ed office or	registere	ed agent, or	r both, in the St	ate of Florid	a.		
•		•		-				11				
SIGNATURE		or printed name of registered agent	and title if applicable	IOTE: Booisters	d Agent signati	ure required	when reinstating	<u>, </u>		DATÉ		
·	Signature, typed	or printed name of registered agent					WILDIN TO III SAGAIN	· · · · · · · · · · · · · · · · · · ·		-		
9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) FILE NO After MAY 1, Make Check Pay					will be \$5	50.00		Election Camp Trust Fund Co	-	cing 🖂		May Be to Fees
11.		OFFICERS AND	DIRECTORS	12.			ADDITIO	NS/CHANGES	TO OFFICE			
TITLE NAME STREET ADDRESS		LITARY TRAIL	'Lelete		IE Eet address	300	185.	J. Co Milit	ren	Tra:	Change	Addition
CITY-ST-ZIP	-	D BEACH FL 33442			-ST-ZIP	De	ertie	19 DCH			Change	
TITLE NAME	D Porten,	HERMAN	☐ Delete	TITL Nam		50	oH 1	3. Pos	ten			
STREET ADDRESS		URITY LANE		STR	EET ADDRESS	66	6 S.	mil	4.07	Tra		
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TITLE	VP	077711111	Delete	TITL NAM						L	Change	☐ Addition
NAME STREET ADDRESS	PORTEN,	STEPHAN URITY LANE			eet address							
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TITLE	THOONVILL	<u> </u>	☐ Delete	TITL	E		-				Change	noitibbA 🔲
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CITY-ST-ZIP	<u> </u>				'-ST-ZIP				- 	r	7 Chan	
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CITY-ST-ZIP					'-ST-ZIP							
13. I hereby of indicated	certify that the	e information supplied with rt or supplemental report is	this filing does not qualify true and accurate and the	for the exe at my signa	mption stat ture shall h	ted in Se ave the s	ction 119.0 same legal	7(3)(i), Florida S effect as if mad	statutes. I fu e under oat	rther certif h; that I am	y that the in 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: