

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91715 043 ***150.00

DOCUMENT # V55967

1. Entity Name
PADA ENTERPRISES, INC.

Principal Place of Business
**30313 O'SEAS HWY
 BIG PINE KEY FL 33043
 US**

Mailing Address
**P.O. BOX 430276
 BIG PINE KEY FL 33043-0276
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0351641**

Applied For
 Not Applicable

Zip Country

Zip Country

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

**KAJFASZ, PAUL
 357 SHIPSWAY
 BIG PINE KEY FL 33043**

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KAJFASZ, PAUL E.	
STREET ADDRESS	357 SHIPSWAY	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KAJFASZ, DAVID R.	
STREET ADDRESS	263 SHIPSWAY	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KAJFASZ, DAVID R.	
STREET ADDRESS	263 SHIPSWAY	
CITY-ST-ZIP	BIG PINE KEY FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	KAJFASZ, PAUL	
STREET ADDRESS	357 SHIPSWAY	
CITY-ST-ZIP	BIG PINE KEY FL	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: *Paul Kajfasz* **PAUL KAJFASZ**

Date: **5-14-02** Daytime Phone #: **305-872-3926**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)