

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90036 047 ****61.25

DOCUMENT # N97000002390

1. Entity Name

ENRIQUEZ FOUNDATION, INC.

Principal Place of Business

Mailing Address

3350 N. RIVERSIDE DR.
 INDIALANTIC FL 32903-4418

3350 N. RIVERSIDE DR.
 INDIALANTIC FL 32903-4418

00001110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3444792

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

MITCHELL, WILLIAM D ESQ
201 E KENNEDY BLVD., SUITE 800
TAMPA FL 33602

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	ENRIQUEZ, PABLO	
STREET ADDRESS	3350 N. RIVERSIDE DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENRIQUEZ, SONIA	
STREET ADDRESS	7349 SOMMERSET SHORES COURT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	ENRIQUEZ, MARY	
STREET ADDRESS	3350 N. RIVERSIDE DR.	
CITY-ST-ZIP	INDIALANTIC FL 32903-4418	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Enriquez*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 2000 *321-773-6582*
 Date Daytime Phone #

CR2E037 (9/99)