

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 26, 2001 8:00 am
Secretary of State

05-02-2001 90188 018 ****61.25

DOCUMENT # N97000002390

1. Entity Name
ENRIQUEZ FOUNDATION, INC.

UP

Principal Place of Business Mailing Address

3350 N. RIVERSIDE DR. 3350 N. RIVERSIDE DR.
 INDIALANTIC FL 32903-4418 INDIALANTIC FL 32903-4418

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3444792** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MITCHELL, WILLIAM D ESQ
201 E KENNEDY BLVD., SUITE 800
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name **James N. Rudolph, CPA**
 Street Address (P.O. Box Number is Not Acceptable)
1836 Woodward St.
 City **Orlando** FL Zip Code **32803**

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 *James N. Rudolph, CPA* DATE **5-31-00**

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

FILE NOW: FEE IS \$61.25 **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD ENRIQUEZ, PABLO STREET ADDRESS 3350 N. RIVERSIDE DR CITY-ST-ZIP INDIALANTIC FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD ENRIQUEZ, SONIA STREET ADDRESS 7349 SOMMERSET SHORES COURT CITY-ST-ZIP ORLANDO FL 32819	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Priore, Sonia 8952 Esguerra Lane Orlando, FL 32836	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SDT ENRIQUEZ, MARY STREET ADDRESS 3350 N. RIVERSIDE DR. CITY-ST-ZIP INDIALANTIC FL 32903-4418	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *MARQUEZ ENRIQUEZ* Date **5/23/2001** Daytime Phone # **1-321-773-6582**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)