2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000056017 **DOCUMENT #**

1. Entity Name



FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90787 027 ***150.00

ENTERPRISE INVESTMENTS II, INC.					
Principal Place of Business 16215 NE 18 COURT UNIT 112 MIAMI FL 33162 Mailing Address 16215 NE 18 COURT UNIT 112 MIAMI FL 33162		112		\$4 0 4 1 0 4 4 4 4 4 4	
O. Driving Discours	1 0 11-11-1 Address				
2. Principal Place of Business	3. Mailing Address	== 44 402 * 1			
Suite, Apt. #, etc. Suite, Apt. #, etc.			☐ CHECK HERE IF MA	AKING CHANGES	
City & State City & State			4. FEI Number	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current F	Registered Agent		7. Name and Address of New Regist		
		Name	Name		
KNEPPER, HOWRD		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
16215 NE 18 COURT UNIT 112 MIAMI FL 33162				 _	
MIAMI FE 33 102			_ <u></u>		
		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: R	legistered Agent signature required	d when reinstating)	DATE	
FILE-NOWILL-FEE-IS \$150.00			9. Election Campaign Financin	9 \$5.00 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			Trust Fund Contribution.	Added to Fees	
10. OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 11	
TITLE HOWAID KULPPIN	↓ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS		}	
CITY-ST-ZIP		CITY-ST-ZIP	·		
TITLE PASSIDUT	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS 16215 16215 16215	REA HIZ	NAME		,	
STREET ADDRESS 16215 NET 18 CITY-ST-ZIP MIAM F(73162	STREET ADDRESS CITY-ST-ZIP		{	
TITLE SPICKLYANY		TITLE		Change Addition	
NAME HOWIND KNOW	8 CT #112	NAME			
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	8 (7) 11/16	STREET ADDRESS CITY-ST-ZIP			
TITLE		TITLE		☐ Change ☐ Addition	
NAME	The parete	NAME		C onlinge Addition	
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CITY-ST-ZIP	m	CITY-ST-ZIP		Addition	
TITLE .	☐ Delete	TITLE		Change Addition	
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CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME	Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

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 reputal 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 lytrustee empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if an address, with all other like empowered. I hereby certify that the information indicated on this report or supplemental to the control of of the corporation or the re-changed, or on an attachm

SIGNATURE: