2002	2 UNII	FORM BUS	INESS RE	PORT	(UBR)	APPROVEL AND	Ten Lin
DOCUMENT # A9300000933						FILED	,
1. Entity Name ERSON ENTERPRISES, LTD.					02 APR -3 AM 8: 57	7	
ENSON	ENTERFRIC					SECRETARY OF STATE TALL AHASSEE, FLORIDA	
Principal Place of Business 12135 S.W. 131ST AVE. MIAMI FL 33186 Mailing Address 12135 S.W. 131ST AVE. MIAMI FL 33186				AVE.			
O Deineinal D	Name of Propin		La Maillian Antonna				
2. Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2002	
City & State			City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable	
Zip Country		Country	Zip Count		try	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agent	· · · · · · · · · · · · · · · · · · ·	Name	7. Name and Address of New Registered Agent	
CORREDERA G., ERIC R					Street Address (P.O. Box Number is Not Acceptable)		
11846 SW 117 CT. MIAMI FL 33186							
************	00100				City	Zip Code	
8. The above	named entity	submits this statement for	the purpose of changi	ing its register	Led office or regis	tered agent, or both, in the State of Florida.	
SIGNATURE .						<u></u>	
9. Capital Cor		or printed name of registered agent a \$15,000.00	nd title if applicable.	Capital Contril	outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown o	on record.	· · · · · · · · · · · · · · · · · · ·	in FLORIDA	A to date.		SEE REVERSE SIDE FOR FEE INFORMATION STERED AND ACTIVE WITH THIS OFFICE.	
12.			Y NOT be changed			ent must be filed to change a general partner. ADDRESS CHANGES ONLY	
DOCUMENT #	CORREDERA G., ERIC R 11846 SW 117 CT.		77		EET ADDRESS	ADDITION OF AN ADDITION OF A DOTTERS OF A DO	(9/01)
STREET ADDRESS					-ST-ZiP		က
CITY-ST-ZIP DOCUMENT #	MIAMI FL	33186	<u>.</u>	eror	ET ADDRESS	3000052588735	CR2E00
NAME STREET ADDRESS						-04/12/02 -01109 -012	
CITY-ST-ZIP DOCUMENT #	MIAMI FL	33186		CIIY	-ST-ZiP	****193.75 ****193.75	
NAME		RA V., ERIC R JR.		STRE	ET ADDRESS		
STREET ADDRESS : CITY-ST-ZIP	11846 SW MIAMI FL			CITY	-ST-ZIP		
DOCUMENT #	1			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT #			• "	STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT #				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			•	СІТҮ	-ST-ZIP		
indicated	on this repor	information supplied with t is true and accurate and empowered to execute this	that my signature shall	have the same	e legal effect as i	Section 119.07(3)(i), Florida Statutes, I further certify that the information f made under oath; that I am a General Partner of the limited partnership or	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTHER

Date

Da