2002 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # H34654 ITERPRISES CORPORATION	4				ry of St	ate
Principal Plac	ee of Business	Mailing Address					
405-B N.W. 7		405-B N.W. 7TH AVENUE					
FT. LAUDERDALE FL 33311		FT. LAUDERDALE FL 33311					
2. Principal P	Place of Business	3. Mailing Address		<u> </u>		EIRI 61811 BIBTI 81811 BIBTI 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	
City & State -		City & State		4. FEI.N	59-2498256	 	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certif	icate of Status Desired	□ \$8.75 Add	
	6. Name and Address of Current R	ealstered Agent		7. Name	and Address of New Reg	Fee Require	90
		-g	Name				
CUSTIS, 1		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
3180 N.W					WALK		
FT. LAUDERDALE FL 33311			City			Zip Cod	le
		· · · · · · · · · · · · · · · · · · ·	City			FL Zip Cod	
				0 10	B. Election Campaign Finar Trust Fund Contribution.		00 May Be
11.	OFFICERS AND D	IRECTORS	12.	ADDITIO	ONS/CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 11
TITLE NAME	PD	☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS	ALLEN, HERMAN 921 N.W. 35TH AVE.		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP				
TITLE	VD	☐ Delete	TITLE NAME			Change	☐ Addition
NAME STREET: ADDRESS	TAYLOR, THEODORE D. 3860 N.W. 6TH PL		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP				
TITLE NAME	SD SEPTEMENT	☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS	HOWARD, EVERETT 3221 N.W. 4TH ST.		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP				
TITLE	TD	☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS	CUSTIS, NORMAN 3180 N.W. 5TH ST.		NAME STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
13. I hereby of indicated of the cor	Lertify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with an address and attachment with an address and attachment with an address and attachment and attachment attachment and attachment	rue and accurate and that my rered to execute this report as	he exemption stated in	he same legal	effect as if made under oat atutes; and that my name a	th: that I am an officer	or director

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR