

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90054 045 \*\*\*158.75

**DOCUMENT # L29187**

1. Entity Name

**DUTY FREE ENTERPRISES, INC.**

Principal Place of Business 7270 NW 12TH ST., SUITE 760 MIAMI FL 33126	Mailing Address 7270 NW 12TH ST., SUITE 760 MIAMI FL 33126-1929
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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 <b>65-0178231</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**BONETTI, ENRIQUE**  
**5371 NORTH BAY RD**  
**MIAMI BEACH FL 33140**

7. Name and Address of New Registered Agent  
 Name **Leon Tenenbaum**  
 Street Address (P.O. Box Number is Not Acceptable) **5371 North Bay Rd**  
 City **Miami Beach** FL Zip Code **33140**

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: *Leon Tenenbaum* **Leon Tenenbaum President** DATE: **1/6/00**  
(Signature, typed name and title of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>BONETTI, ENRIQUE</b> <b>7270 NW 12 ST #260</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>BONETTI, ENRIQUE</b> <b>7270 NW 12 ST #260</b> <b>MIAMI FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <b>Leon Tenenbaum</b> <b>7270 NW 12 st # 760</b> <b>Miami FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <b>Miguel Angel Garcia</b> <b>7270 NW-12 st. Suite 760</b> <b>Miami FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input type="checkbox"/> Add <b>Ivan Gomez</b> <b>7270 NW 12 st. Suite 760</b> <b>Miami FL 33126</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Leon Tenenbaum* **Leon Tenenbaum President** DATE: **1/6/00** DAYTIME PHONE #: **305-591011**  
(Signature and typed or printed name of signing officer or director)