2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment w

SIGNATURE AND TYPED OR PRINTED

SIGNATURE:

Apr 17, 2002 8:00 am Secretary of State M30418 DOCUMENT # 1. Entity Name 04-17-2002 90075 038 ***150.00 **ENI (MIAMI) CORPORATION** Principal Place of Business Mailing Address 1501 VENERA AVENUE 1501 VENERA AVENUE **SUITE 210** SUITE 210 CORAL GABLES FL 33146 CORAL GABLES FL 33146 U\$ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2745583 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FREEMAN, STEPHEN A. Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DR. OFFICE PLAZA SUITE 305 MIAMI FL 33131 City 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. **6**IGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE Change ☐ Addition TITLE PAPADAM, ANDRE NAME NAME 1501 VENERA AVENUE, SUITE 210 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP TITLE DP ☐ Delete TITLE ☐ Change ☐ Addition NAME PAPADAM, ENI NAME STREET ADDRESS 1501 VENERA AVENUE, SUITE 210 STREET ADDRESS CITY-ST-ZIP CORAL GABLES FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP TITLE ☐ Delete TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director do to execute this port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver