

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90094 030 ***158.75

DOCUMENT # P00000036863

1. Entity Name

ENIGMA CAPITAL GROUP, INC.

Principal Place of Business

Mailing Address

**9826 N.W. 51ST TERRACE
MIAMI FL 33178**

**9826 N.W. 51ST TERRACE
MIAMI FL 33178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAS, O.J.
7951 S.S. 40TH STREET
SUITE 206
MIAMI FL 33155**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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	PRES	<input checked="" type="checkbox"/> Delete
NAME	LINARES, JORGE A	
STREET ADDRESS	9826 N.W. 51ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINARES, JORGE A	
STREET ADDRESS	9826 N.W. 51ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V (VICE-PRESIDENT)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORGE E. LINARES	
STREET ADDRESS	9826 N.W. 51ST TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	S (SECRETARY)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE C. LINARES	
STREET ADDRESS	9826 N.W. 51ST TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	T (TREASURER)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZOLA I. ALVAREZ	
STREET ADDRESS	9826 N.W. 51ST TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	P/C/M (CHAIRMAN/MANAGING DIRECTOR)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE A. LINARES	
STREET ADDRESS	9826 N.W. 51ST TERRACE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/05/01

Date

(97) 623-8079

Daytime Phone #

CR2E034 (10/00)

0224971