

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90213 043 ***150.00

DOCUMENT # P00000046182



1. Entity Name
ESPIOVA, INC.

Principal Place of Business
**10491 N. KENDALL DRIVE
STE F202
MIAMI FL 33196**

Mailing Address
**15913 SW 103 LN
MIAMI FL 33196**



2. Principal Place of Business
**3850 SW. 87th AVE
Suite, Apt. #, etc.
205**

3. Mailing Address
**15913 SW 103 Lane
Suite, Apt. #, etc.**

City & State
miami FL

City & State
miami FL

4. FEI Number **65-1012399**

Applied For
Not Applicable

Zip
33165

Country
USA

Zip
33196

Country
USA

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

6. Name and Address of Current Registered Agent

**MARTINEZ, DORYS
2500 SW 107 AVE.
#49
MIAMI FL 33165**

7. Name and Address of New Registered Agent

Name **MARTINEZ DORYS**
Street Address (P.O. Box Number is Not Acceptable)
**11402 NW 41st Street
Suite 211**
City **miami** FL Zip Code **33178**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **ALIDET, ESPINOZA**
STREET ADDRESS **15913 SW 103 LANE.**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VPD** ☐ Delete
NAME **DE ESPINOZA, ALIDA OVALLES**
STREET ADDRESS **15913 SW 103 LANE.**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alidet Espinoza** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 **305 222 1300**
Date Daytime Phone #

CR2E034 (10/02)