

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90117 020 ***158.75

DOCUMENT # **P00000048685** ✓
1. Entity Name

TOTAL ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

639631

2. Principal Place of Business
927 OVERBROOK PL.
Suite, Apt. #, etc.

3. Mailing Address
927 OVERBROOK PL.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEST PALM BEACH FL.
Zip
33413 Country
U.S.A.

City & State
WEST PALM BEACH FL.
Zip
33413 Country
U.S.A.

4. FEI Number
651014022
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7..Name and Address of Current Registered Agent

Name
SOTILLO, MAURICE
Street Address (P.O. Box Number is Not Acceptable)
6605 SOUTH DIKIE HWY
City
WEST PALM BEACH **FL** Zip Code
33405

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 PRESIDENT	TITLE PRESIDENT
NAME 41 FREDO HERNANDEZ	NAME 41 FREDO HERNANDEZ
STREET ADDRESS 927 OVERBROOK PL.	STREET ADDRESS 927 OVERBROOK PL.
CITY - ST - ZIP WEST PALM BEACH FL. 33413	CITY - ST - ZIP WEST PALM BEACH FL. 33413
TITLE S.T.	TITLE S.T.
NAME LILIAN S. PICON	NAME LILIAN S. PICON
STREET ADDRESS 927 OVERBROOK PL.	STREET ADDRESS 927 OVERBROOK PL.
CITY - ST - ZIP WEST PALM BEACH FL. 33413	CITY - ST - ZIP WEST PALM BEACH FL. 33413
TITLE V.P.	TITLE V.P.
NAME OMAR O LORENZO	NAME OMAR O LORENZO
STREET ADDRESS 4698 CRESTHAVEN BLVD #3	STREET ADDRESS 4698 CRESTHAVEN BLVD #3
CITY - ST - ZIP WEST PALM BEACH FL. 33416-0000	CITY - ST - ZIP WEST PALM BEACH FL. 33416-0000
TITLE 	TITLE
NAME 	NAME
STREET ADDRESS 	STREET ADDRESS
CITY - ST - ZIP 	CITY - ST - ZIP
TITLE 	TITLE
NAME 	NAME
STREET ADDRESS 	STREET ADDRESS
CITY - ST - ZIP 	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02

Date

Daytime Phone #

(561) 662-5259
(561) 683-2796

CR2E034B (12/01)