

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068928

1. Entity Name

ENZO FERRINI, CORP.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90112 009 ***150.00

Principal Place of Business

7737 SW 102 PLACE
MIAMI FL 33173

Mailing Address

7737 SW 102 PLACE
MIAMI FL 33173

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

05-1038552

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RACKEAR, GARY S ESQ.
5975 SUNSET DRIVE
SUITE 604
SOUTH MIAMI FL 33143-5174

7. Name and Address of New Registered Agent

Name

Nelson Ferrini

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

7737 SW 102 PL

City

Miami

FL

Zip Code

33173

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 of the current registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/01

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FERRIN, NELSON
7737 SW 102 PLACE
MIAMI FL 33173

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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 supporting documents 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 conservator 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 to this report for all other like empowered.

SIGNATURE:

PRINTED NAME OF existing OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/01

CR2E034 (10/00)

0216026