

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000070021**

1. Entity Name  
**GOVEGA ENTERPRISES, INC.**

FILED

02 NOV -5 PM 12: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
4035 W OAK RIDGE RD. SUITE #61  
ORLANDO FL 32809

Mailing Address  
4035 W OAK RIDGE RD. SUITE #61  
ORLANDO FL 32809

2. Principal Place of Business  
P.O. BOX 592086  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 592086  
Suite, Apt. #, etc.

City & State  
ORLANDO, FLORIDA  
Zip 32859 Country USA

City & State  
ORLANDO, FL  
Zip 32859 Country U.S.A.

4. FEI Number **59-3657943**  
Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent

**GONZALES, PERFECTO**  
4035 W OAK RIDGE RD, SUITE #61  
ORLANDO FL 32809

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**6304 WHITE OAK LANE**  
City **ORLANDO** FL Zip **32809**

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]* **11/4/02 PRESIDENT** DATE **9/26/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

### 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GONZALES, PERFECTO</b> <b>4035 W OAK RIDGE RD, SUITE #61</b> <b>ORLANDO FL 32809</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D.P</b> <b>GONZALEZ, PERFECTO</b> <b>6304 WHITE OAK LANE</b> <b>ORLANDO, FL 32809</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 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]* SIGNATURE REQUIRED **11/4/02** DATE **9/26/02** 407-855-0661

CR2E034 (9/01)