

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 07, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000077984**1. Entity Name  
ENZA 2000, INC**Principal Place of Business**

5316 NW 18TH ST. APT. #14

LAUDERHILL  
33313

FL

**Mailing Address**

5316 NW 18TH ST. APT. #14

LAUDERHILL  
33313

FL

**2. Principal Place of Business**  
2400 WEST CYPRESS CREEK ROAD**3. Mailing Address**  
P.O. BOX 101444Suite, Apt. #, etc.  
SUITE 100

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**  
FORT LAUDERDALE

FL

**City & State**  
FORT LAUDERDALE

FL

**Zip**  
33309**Country****Zip**  
33310**Country****4. FEI Number**  
**65-111581**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****BUSINESS FILINGS INCORPORATED**  
1000 WEST AVENUE  
NO. 1114  
MIAMI BEACH  
331390000

US

FL

**7. Name and Address of New Registered Agent**

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 RICHARD OSTER**

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

(NOTE: Registered Agent signature required when reinstating)

**09/07/2001**

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**

|                       |                          |                                 |
|-----------------------|--------------------------|---------------------------------|
| <b>TITLE</b>          | <b>D</b>                 | <input type="checkbox"/> Delete |
| <b>NAME</b>           | CRUISE ROY               |                                 |
| <b>STREET ADDRESS</b> | 1D WATERLOO AVENUE       |                                 |
| <b>CITY-ST-ZIP</b>    | KINGSTON 10, JAMAICA W.I |                                 |
| <b>TITLE</b>          | <b>D</b>                 | <input type="checkbox"/> Delete |
| <b>NAME</b>           | DUFFUS BALTEANO          |                                 |
| <b>STREET ADDRESS</b> | 36 LAGOON AVENUE         |                                 |
| <b>CITY-ST-ZIP</b>    | KINGSTON 17, JAMAICA W.I |                                 |
| <b>TITLE</b>          |                          | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                          |                                 |
| <b>STREET ADDRESS</b> |                          |                                 |
| <b>CITY-ST-ZIP</b>    |                          |                                 |
| <b>TITLE</b>          |                          | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                          |                                 |
| <b>STREET ADDRESS</b> |                          |                                 |
| <b>CITY-ST-ZIP</b>    |                          |                                 |
| <b>TITLE</b>          |                          | <input type="checkbox"/> Delete |
| <b>NAME</b>           |                          |                                 |
| <b>STREET ADDRESS</b> |                          |                                 |
| <b>CITY-ST-ZIP</b>    |                          |                                 |

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

|                       |  |   |
|-----------------------|--|---|
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |
| <b>TITLE</b>          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |  |   |
| <b>STREET ADDRESS</b> |  |   |
| <b>CITY-ST-ZIP</b>    |  |   |

**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: BALTEANO DUFFUS**

P

09/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)