## AMENDED FOR PROFIT CORPORATION

SIGNATURE:

**UNIFORM BUSINESS REPORT (UBR)** FILED DOCUMENT # POSSOO 8/6/6 02 SEP 13 AM 7: 42 1. Entity Name Enterprises Inc SECRETARY OF STATE TALLAHASSEE, FLORING DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 56-5488 PO BOX DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65-10351 Not Applicable Miami \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE City 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 Brest Bavenidge, President 9/10/02 SIGNATURE & nt and title if applicable. January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. DHE TITLE Aresident Brett Beveridge 4775 Pirc Drive, Miami, FL 33143 NAME STREET ADDRESS SIRFET ADDRESS 900007810069--1 CITY-ST-ZIP CHY-ST-ZIP treasurer TITLE Bre H Beveridel 4715 Pive De NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CHY-SI-7IP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CiTY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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 logal 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 analysis of the corporation of 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 analysis of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes: attachment with an a Brett Baveridge President 9/10/62

PRINTED NAME OF SIGNING OFFICER OR DIRECT