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

## DOCUMENT # P00000100330. 1. Entity Name, ENTERPRISES

## **FILED** May 01, 2003 8:00 am Secretary of State 05-01-2003 91007 021 \*\*\*150.00

		O NT IN	
DO NOT WRITE	IN THIS SP	ACE	70053980
2. Principal Place of Business 1831 NE 38 TO ST	3. Mailing Address 1831 NE 38	Th ST.	÷.
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	City & State		4. FEI Number Applied For
DAKIANK PK FL Zip Country	OAKLANC Zip 22262	Country	65-1062248 Not Applicate  5 Certificate of Status Desired \$8.75 Additional
33308 Browned		Byoward	5. Certificate of Status Desired Fee Required  7. Name and Address of Current Registered Agent
DA NATW	IDITE		NOS E. GALAVIS
DO NOT W IN THIS SE			(P.O. Box Number is Not Acceptable)
IN ITIO OF	AUE	27 - 2 - 2 - 3 - 1 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3	JE 38 Th ST. # 106
			LAND PK. FL 35308
The above named entity submits this statement in the obligations of registered agent.	or the purpose of changing its r	egistered office or register	ered agent, or both, in the State of Florida. I am familiar with, and accep
SIGNATURE Signal of typed in printed ame of registered agent	and title if applicable. (NOTE:	Registered Agent signature required	ed when reinstating) DATE
, January 1 May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department o	f State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10. OFFICERS AND	State Color of the	Po. 1. A	
TITLE CANOS GALA	Vis (Resident)	NAME	
STREET ADDRESS CITY-ST-ZIP  OAKLAND PK FL	33308	STREET ADDRESS	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE .  NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied wit	this filing does not qualify for t	he exemption stated in Se	ection 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 outrustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like er powered. of the corporation or the rece attachment with an address

SIGNATURE: