

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90038 019 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P00000 111226**

Entity Name: **FOUNDATION ENTERPRISES ST INC**

769982

Principal Place of Business Mailing Address
4671 SW 154 AVE
MIAMI FL 33185

Principal Place of Business Mailing Address
4671 SW 154 AVE

City & State: **MIAMI FL** Zip: **33185** Country: **MIAMI**

4. FEI Number: **85-1060129**
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

(DO NOT WRITE IN THIS SPACE)

6. Name and Address of Current Registered Agent
JULIA M. MUNIZ
4671 SW 154 AVE
MIAMI FL 33185

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when retaining) DATE: _____

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

OFFICERS AND DIRECTORS	
NAME: JULIA M. MUNIZ STREET ADDRESS: 4671 SW 154 AVE CITY-STATE-ZIP: MIAMI FL 33185	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **JULIA M. MUNIZ** 4-20-01 305-788-4073