

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State
 02-11-2002 90212 019 ***150.00

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DOCUMENT # P01000015230

1. Entity Name
ENSUMA, INC.

Principal Place of Business
14435 S.W. 95TH AVENUE
MIAMI FL 33176

Mailing Address
14435 S.W. 95TH AVENUE
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
9507 S. DIXIE HWY
 Suite, Apt. #, etc.

3. Mailing Address
9507 S DIXIE HWY
 Suite, Apt. #, etc.

City & State
PINECREST FL

City & State
PINECREST FL

4. FEI Number
65-1083106

Applied For
 Not Applicable

Zip
33156 Country
MIAMI-DADE

Zip
33156 Country
MIAMI-DADE

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

6. Name and Address of Current Registered Agent

FINK, BRIAN L
1700 ALFRED I. DUPONT BUILDING
169 EAST FLAGLER STREET
MIAMI FL 33131

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 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

TITLE
PRESIDENT
 NAME
ENRIQUE F. MARTINEZ ☐ Delete
 STREET ADDRESS
14435 SW 95 AVE
 CITY-ST-ZIP
MIAMI FL 33176

TITLE
VICE PRESIDENT / SECRETARY
 NAME
SUSAN H. MARTINEZ ☐ Delete
 STREET ADDRESS
14435 SW 95 AVE
 CITY-ST-ZIP
MIAMI FL 33176

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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