

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

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91740 029 \*\*\*150.00

**DOCUMENT #** P01000020765

1. Entity Name

ENCOMIUM CORP.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
407 Lincoln Road

3. Mailing Address  
407 Lincoln Road

Suite, Apt. #, etc.

#5B

Suite, Apt. #, etc.

#5B

City & State  
Miami Beach, FL.

City & State  
Miami Beach, FL

Zip

33139

Country

Dade

Zip

33139

Country

Dade

4. FEI Number

65-1082490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Luis G. Brito

Street Address (P.O. Box Number is Not Acceptable)

407 Lincoln Road

#5B

City

Miami Beach

FL

Zip Code

33139

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 participating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

PVD  
Lenny Acosta  
1602 Alton Road PMB #69  
Miami Beach, FL. 33139

TITLE  
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CITY- ST- ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 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 #

CR2E034B (12/01)