


03-17-2003 91077 042 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000046053
 1. Entity Name
Code Enterprise, INC.



90053508

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1600 NW 84 AVE.
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.
SAME

City & State
Miami, FL

City & State
 City & State

Zip
33126

Country

Zip
 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1104903

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Escobar, Miguel A.

Street Address (P.O. Box Number is Not Acceptable)
1600 NW 84 AV

City
Miami

State
FL

Zip Code
33126

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] Miguel A. Escobar DATE 3/13/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>PD</u> <u>Escobar, Miguel A.</u> <u>1600 NW 84 AV</u> <u>Miami FL 33126</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP [Blank]
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>SD</u> <u>Solanilla, Javier C.</u> <u>1600 NW 84 AV</u> <u>Miami FL 33126</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP [Blank]
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>TD</u> <u>Diaz, Alonso</u> <u>1600 NW 84 AV.</u> <u>Miami FL 33126</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP [Blank]
TITLE NAME STREET ADDRESS CITY - ST - ZIP [Blank]	TITLE NAME STREET ADDRESS CITY - ST - ZIP [Blank]
TITLE NAME STREET ADDRESS CITY - ST - ZIP [Blank]	TITLE NAME STREET ADDRESS CITY - ST - ZIP [Blank]
TITLE NAME STREET ADDRESS CITY - ST - ZIP [Blank]	TITLE NAME STREET ADDRESS CITY - ST - ZIP [Blank]

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Miguel A. Escobar President DATE 3/13/03 DAYTIME PHONE # (305) 715-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)