

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000070454

1. Entity Name
E R & D ENTERPRISES, INC.

FILED
Jun 20, 2002 8:00 am
Secretary of State

06-20-2002 90057 031 ***150.00

AV 410820

870170



DO NOT WRITE IN THIS SPACE

Principal Place of Business 12970 SW 189 STREET MIAMI FL 33177		Mailing Address 12970 SW 189 STREET MIAMI FL 33177	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent OTANO, EDUARDO 12970 SW 189 STREET MIAMI FL 33177		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.			
<p>SIGNATURE _____ <small>(Signature, typed or printed name of registered agent and title if applicable.)</small> (NOTE: Registered Agent signature required when reinstating) DATE _____</p> <p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> FILE NOW!!! FEE IS \$150.00 <small>After May 1, 2002 Fee will be \$550.00</small> <small>Make Check Payable to Department of State</small></p> <p>10. Election Campaign Financing <small>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</small></p>			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST NAME OTANO, EDUARDO STREET ADDRESS 12970 SW 189 STREET CITY-ST-ZIP MIAMI FL 33177		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: *Edmundo Otano*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Daytime Phone #

CR2E034 (9/01)