

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90082 001 ***600.00

DOCUMENT # P01000072887

1. Entity Name

ENRUSA PROPERTIES, INC.

Principal Place of Business

Mailing Address

1200 BRICKELL AVENUE
 SUITE 900
 MIAMI FL 33131

2. Principal Place of Business

1200 Brickell Ave

Suite, Apt. #, etc.

Suite 900

City & State

Miami, Florida

Zip

33131

Country

U.S.A.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1124538

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

AGI Registered Agents, Inc

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

1200 Brickell Ave. Suite 900

City

Miami

FL

Zip Code

33131

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.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PD
 De Navarro, Olga Stolk
 1200 Brickell Ave., Suite 900
 Miami, FL 33131

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VSTD
 Navarro, Ernesto
 1200 Brickell Ave., Suite 900
 Miami, FL 33131

☐ Delete

TITLE
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 CITY-ST-ZIP
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 CITY-ST-ZIP
☐ Change ☐ Addition

13. I hereby certify that the information furnished was true and correct at the time it was furnished. I further certify that the information indicated on this report is true and correct. I further certify that the information indicated on this report is true and correct. I further certify that the information indicated on this report is true and correct. I further certify that the information indicated on this report is true and correct.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

4/30/02