

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

**FILED**  
**Sep 11, 2002 8:00 am**  
**Secretary of State**

09-11-2002 90079 012 \*\*\*150.00

DOCUMENT # *701000101473*

1. Entity Name  
*ENAMORADO IRON WORKS, INC*

**979984**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*1212 DUNAD AVE.*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*OPA LOCKA, FL*

City & State

4. FEI Number  
*65-1146934*

Applied For  
Not Applicable

Zip  
*33054*

Country

Zip

Country

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  
*ENAMORADO DOMINGO*

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

*1212 DUNAD AVE.*

City  
*OPA LOCKA,*

FL

Zip Code  
*33054*

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]* *President*

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

(NOTE: Registered Agent signature required when reinstating)

*09/11/02*  
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	<i>P ENAMORADO DOMINGO</i> <i>1212 DUNAD AVE.</i> <i>OPA LOCKA, FL 33054</i>
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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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*09/11/02*

Date

Daytime Phone #

Attachment

979984

# P01000101473

September 11, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 6327

Re : 2002 Uniform Business Report  
Enamorado Iron Works, Inc  
P01000101473

Dear Sirs :

Attached please find Business Report for above mention Corp. and the check in the amount of \$ 150.00.

We did not receive the 2002 Business report in time to file, please accept the attached check in the amount of \$ 150.00 Fee.

In further information is needed please contact me.



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Domingo Enamorado  
1212 Dunad Ave.  
Opa Locka, FL. 33054