. 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P01000105835

1. Entity Name

ENAMORADO INCORPORATED



FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90221 008 ***150.00

LIVAMOR	ADO INOCHI CHAILD			(E)						
Principal Place of Business 3023 DREWERY AVE LAKELAND FL 33803		3023	Mailing Address 3023 DREWERY AVE LAKELAND FL 33803			- - -				
2. Principal Place of Business		3. Mai	3. Mailing Address				I (BBRIBU) LII BBIUL LIBII URILI BUNII ABIUL RIBII U	1181 B1181 1818	8 14181 BHL 1001	
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4. FI	El Number 59-3757185	Applied For Not Applicable		
Zip Country		Zip		Country				\$8.75 Ad	Additional equired	
	6. Name and Address of Curre	nt Registere	nt Registered Agent			7. Name and Address of New Registered Agent				
VI Maile and Maile of Carlotte in Special Carlotte					Name					
ENAMORADO, MARLEM										
3023 DREWERY AVE			Stre			P.O. Bo	x Number is Not Acceptable)			
LAKELAND FL 33803										1
LANELAINI	D FL 33003									_[
				Cit	у		FL	Zip Cod	de	
9 The above	named entity submits this statemen	t for the pure	oee of changing its re	enistered offi	ce or register	ed ane	nt, or both, in the State of Florida. I am fa	_L	and accept	┨
	ions of registered agent.	cioi die parp	ose of changing its it	egisterea em	oc or register	oc ago	ni, or both, in the blate of Florida. Tall it		, and addopt	}
								•		
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if app	licable. (NOTE:	Registered Agent	signature required	when rein	nstating) DATE			İ
-64	-				-3					-
FILE NOW!!! FEE IS \$150.00							9. Election Campaign Financing	\$5.0	00 May Be	'
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			.			l	Trust Fund Contribution.	Adde	d to Fees	1
										ļ
10.	OFFICERS AND DIRECTORS DPST		•	11.			DITIONS/CHANGES TO OFFICERS AND			16
TITLE	ENAMORADO, MARLEM		☐ Delete	TITLE				☐ Change	☐ Addition	2
NAME	3023 DREWERY AVE			NAME	2500					70,0
STREET ADDRESS :	LAKELAND FL 33803			STREET ADD						1
	EARCESTE L GOODS			-	<u> </u>			F=1 at		- 1
TITLE			☐ Delete	TITLE				Change	Addition Addition	5
NAME .				NAME CTREET ADD	3000					
			STREET ADD	1			•		}	
				<u> </u>				Change	Additi	╡
TITLE			☐ Delete	TITLE				Unange	Addition	
NAME				NAME STREET ADD	2500					
STREET ADDRESS				CITY-ST-7IF						

12. Thereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TIME AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Delete

1-30-03

863-802-832

Change

☐ Change

Change

☐ Addition

☐ Addition

☐ Addition

Daytime Phone #