

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 19, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90466 028 \*\*\*158.75

**DOCUMENT # P01000108373**

**1. Entity Name**  
**ENSER-USA INC.**

**Principal Place of Business**

**10773 NW 58TH ST. #356**  
**MIAMI FL 33178**

**Mailing Address**

**10773 NW 58TH ST. #356**  
**MIAMI FL 33178**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

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**

**CRESPO, EUGENIO**

**10773 NW 58TH ST. #356**

**MIAMI FL 33178**

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

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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**

**12.**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **PD**  
**STREET ADDRESS** **NACHER, EDUARDO**  
**CITY-ST-ZIP** **10773 NW 58TH ST. #356**  
**MIAMI FL 33178**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*WE PAID 04/15/02  
CHECK # 0309  
\$158.75  
ATTACH  
FOLIO 015*

*FORM (UBR 2002)  
AND CHECK 309*

CR2E034 (4/02)

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000108373**

1. Entity Name  
**ENSER USA INC.**

Principal Place of Business  
**10773 NW 58TH ST. #356  
MIAMI FL 33178**

Mailing Address  
**10773 NW 58TH ST. #356  
MIAMI FL 33178**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**05-1151935**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHESPO, EUGENIO  
10773 NW 58TH ST. #356  
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name **NACHER, EDUARDO**

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

**10773 NW 58TH ST # 356**

City **MIAMI**

FL

Zip Code **33178**

8. The above named entity submits this statement for the purpose of changing its principal office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and fee 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!!!**  
**After May 1, 2002**  
**Fee will be \$550.00**  
**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>NACHER, EDUARDO</b>	
STREET ADDRESS	<b>10773 NW 58TH ST. #356</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE

**EDUARDO NACHER**  
**PRESIDENT**

**02/23/02**

Signature Date

Attachments Doc  
99668

04/15/02 6158.75  
CHECK # 0303



DO NOT WRITE IN THIS SPACE

Attachments

#0010000108373  
00068573 29668

ENSER USA, INC.

04/15/02 DATE

63-915/680  
BRANCH 051

PAY TO THE ORDER OF Department of State

\$ 158.75

One hundred fifty eight 75/100

DOLLARS

**TOTALBANK** BRICKELL BRANCH 051  
1110 Brickell Avenue  
Miami, FL 33131-3132

FOR UB 2002

⑆066009155⑆ 00192624⑆06 0303 ⑆00000015875⑆

CHARTER

DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT # 1009068796

APR 15 2002

0660000109  
090198930  
030198930 04 26 02

BANK OF AMERICA NA JAX  
10639006474 00763 99 P12  
04/25/02