


**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90202 035 \*\*\*150.00

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

DOCUMENT # P02000026381  
 1. Entity Name  
 ARTURO FREEMAN ENTERPRISES, INC.



**DO NOT WRITE IN THIS SPACE**

**90008716**

2. Principal Place of Business  
 19476 S.W. 68 STREET  
 Suite, Apt. #, etc.

3. Mailing Address  
 19476 S.W. 68 STREET  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 PEMBOKE PINES, FLORIDA

City & State  
 PEMBROKE PINES, FLORIDA

4. FEI Number  
 75-3036217

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip  
 33332

Country  
 USA

Zip  
 33332

Country  
 USA

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
 ARTURO FREEMAN

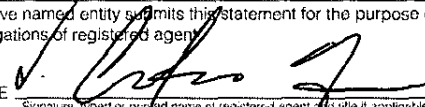
Street Address (P.O. Box Number is Not Acceptable)  
 19476 S.W. 68 STREET

City  
 PEMBROKE PINES

FL

Zip Code  
 33332

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  DATE 1/21/03

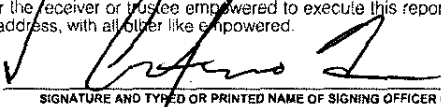
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ARTURO FREEMAN 19476 S.W. 68 STREET PEMBROKE PINES, FLORIDA 33332	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  ARTURO FREEMAN 1/21/03.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034B (12/02)