

FILED

03 MAY 27 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000049335			
1. Entity Name GLORIA ENRIQUEZ ENTERPRISES, INC.			
Principal Place of Business 310 W. WEST ST. TAMPA, FL 33602		Mailing Address 310 W. WEST ST. TAMPA, FL 33602	
2. Principal Place of Business <i>310 W. West St</i>		3. Mailing Address <i>310 W. West St</i>	
City & State <i>Tampa, Florida</i>		City & State <i>Tampa, Florida</i>	
Zip <i>33602</i>		Zip <i>33602</i>	
Country <i>USA</i>		Country <i>USA</i>	
4. FEI Number <i>03-0438974</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ENRIQUEZ, GLORIA 310 W. WEST ST TAMPA, FL 33602		7. Name and Address of New Registered Agent	
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 <i>Gloria Enriquez</i>		DATE <i>5/5/03</i>	
<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIQUEZ, GLORIA	NAME	
STREET ADDRESS	310 W. WEST ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIQUEZ, EMILIO	NAME	
STREET ADDRESS	310 W. WEST ST.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(X), 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 807, 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 I am empowered.			
SIGNATURE: <i>Gloria Enriquez</i>		DATE: <i>5/5/03</i>	

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05/27/03--01061--002 **550.00



CHECK HERE IF MAKING CHANGES

CR2004 (10/02)

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05/12/03--81011--016 **550.00

5/5/03