

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2003 8:00 am**  
**Secretary of State**

01-14-2003 90065 023 \*\*\*158.75

**DOCUMENT # P02000070278**

1. Entity Name  
**HOWARD E. ENRIQUE, P.A.**



Principal Place of Business  
**6727 COLLEGE COPURT  
FORT LAUDERDALE FL 33317**

Mailing Address  
**6727 COLLEGE COPURT  
FORT LAUDERDALE FL 33317**



2. Principal Place of Business

**6200 S. FALLS CIRCLE DR**

3. Mailing Address

**6200 S. FALLS CIRCLE DRIVE**

Suite, Apt. #, etc.

**# 207**

Suite, Apt. #, etc.

**# 207**

City & State

**LAUDERHILL**

City & State

**LAUDERHILL**

Zip

**33319**

Country

**U.S.A.**

Zip

**33319**

Country

**U.S.A.**

4. FEI Number

**82.0548706**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ENRIQUE, HOWARD E ESQ.  
6727 COLLEGE COPURT  
FORT LAUDERDALE FL 33317**

7. Name and Address of New Registered Agent

Name  
**SAME**

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

**6200 S. FALLS CIRCLE DRIVE**

# 207

City

**LAUDERHILL**

FL

Zip Code

**33319**

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.

**REGISTERED AGENT**

(NOTE: Registered Agent signature required when reinstating)

**1/9/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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

**D  
ENRIQUE, HOWARD E  
6727 COLLEGE COPURT  
FORT LAUDERDALE FL 33317**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 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

**1/9/03**  
Date

**954-677-0461**  
Daytime Phone #

CR2E034 (10/02)