

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000084543

1. Entity Name
STINFIL ENTERPRISES INC.



Principal Place of Business
9441 FONTAINEBLEAU BLVD #110
MIAMI FL 33172

Mailing Address
9441 FONTAINEBLEAU BLVD #110
MIAMI FL 33172



2. Principal Place of Business

3. Mailing Address

6770 N.W. 109 CT

Suite, Apt. #, etc.

Miami Florida

City & State

Zip 33178

Country USA

REINSTATEMENT
CHECK HERE IF MAKING CHANGE

4. FEI Number

51-041-9011

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

STINFIL, GUSTAVE
9441 FONTAINEBLEAU BLVD #110
MIAMI FL 33172

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

FILE NOW!!! FEE IS \$550.00.

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME STINFIL, GUSTAVE
STREET ADDRESS 9441 FONTAINEBLEAU BLVD #110
CITY-ST-ZIP MIAMI FL 33172

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/03 (305) 796-8425

Date

Daytime Phone #

CR2E034 (4/03)

SEPTEMBER, 30 2003

**STINFIL ENTERPRISES INC.
6770 N.W. 109 CT
MIAMI, FLORIDA 33178
FIN # 51- 041- 9011**

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
TALLAHASSEE, FL 32302-1500**

To whom it may concern:

Let me start by apologizing for filing the report late. As I explained to one of your representative on Tuesday September, 30, I moved to a new location and did not get my mail from my previous address until last week. Also, this is my first time filling out this report because the business is a new business. Therefore, I would like to request a waiver of the late fee for this time. Thank you very much for your help
Sincerely,

Gustave Stinfil