

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED

03 OCT -6 PM 12:44

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
Suite, Apt. #, etc.
City & State
Zip

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

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

6. Name and Address of Current Registered Agent
STINFIL, GUSTAVE
9441 FONTAINEBLEAU BLVD #110
MIAMI FL 33172

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

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 **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
D	STINFIL, GUSTAVE	9441 FONTAINEBLEAU BLVD #110	MIAMI FL 33172	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		200023549812	10/03/03--01080--015	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 **9/29/03** (305) 796-8425

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 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