2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90128 015 ***150.00

DOCUMENT # P02000096437

1. Entity Name
INTERPRISE INC.

Principal Place of Business | Mailing Address

2. Principal Place of Business: 12000 BISCAYNE BLVD
Suite, Apt. #, etc: SUITE 507
City & State: MIAMI FLORIDA
Zip: 33181 Country: USA

3. Mailing Address: -SUITE 507
Suite, Apt. #, etc.
City & State
Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0642736 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 S.W. 22ND ST. - 4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent
Name: UGO V. CHIARATO
CERTIFIED PUBLIC ACCOUNTANT
FLORIDA AND NEW YORK STATE
Street Address (P.O. Box Number is Not Acceptable): 12000 BISCAYNE BLVD., SUITE 507
MIAMI, FL 33181
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] UGO V. CHIARATO APRIL 29, 2003
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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	P/T/S/D	☐ Delete
NAME	PEDON, LORENZO	
STREET ADDRESS	12000 BISCAYNE BLVD #507	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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] PRESIDENT APRIL 29, 2003 (305) 899 5099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #