

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

294600067360

1. Entity Name

MSE Enterprises, Inc.

Principal Place of Business

14741 DADE PINE AVE.  
MIAMI LAKES, FL  
33014

Mailing Address

same

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

## 6. Name and Address of Current Registered Agent

MIGUEL ESCARRA JR.  
14741 DADE PINE AVE.  
MIAMI LAKES, FL 33014

4. FEI Number

65-0521668

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 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.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOT

Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW

After MAY 1, 20

Fee will be \$550.00

Make Check Payable to Department of State

\$5.00 May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE President  Delete  
NAME MIGUEL ESCARRA JR.  
STREET ADDRESS 14741 DADE PINE AVE.  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE Vice President  Delete  
NAME SYBIL R. GARAY  
STREET ADDRESS 14741 DADE PINE AVE.  
CITY-ST-ZIP MIAMI LAKES, FL 33014

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

\* DIRECTOR

FILED  
Jun 04, 2001 8:00 am  
Secretary of State

06-04-2001 90004 050 \*\*\*150.00

C0070840

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

4/2001 205525082

Date

Daytime Phone #