2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007995

1. Entity Name

IRIS ENTERPRISE CORP.

Principal Place of Business	Mailing Address
8140 NW 74TH AVE BAY #6 MEDLEY FL 33166	8140 NW 74TH AVE BAY #6 MEDLEY FL 33166

2. Principal Place of Business	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0643427   ☐ 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
DE SOUZA COSTA, FRANCISCO C 1900 NW 168TH AVE PEMBROKE PINES FL 33028	Name: COSTA, MISAEL Street Address (P.O. Box Number is Not Acceptable): 8140 N.W. 74th AVe BAY 6 City: MIAMI FL Zip Code: 33166

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 X _(signature)_   MISAEL COSTA   03-01-01

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: 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!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME DE SOUZA COSTA, FRANCISCO C STREET ADDRESS 8925 COLLINS AVENUE #6-H CITY-ST-ZIP PEMBROKE PINES FL 33028	☒ Delete	TITLE PD NAME MISAEL COSTA STREET ADDRESS 8140 N.W. 74th Ave. #6 CITY-ST-ZIP MIAMI FL 33166	☐ Change ☒ Addition
TITLE VP NAME COSTA, SONIA STREET ADDRESS 1900 NW 168TH AVE CITY-ST-ZIP PEMBROKE PINES FL 33028	☐ Delete	TITLE D DIRECTOR NAME COSTA, SONIA STREET ADDRESS 1900 N.W. 168th Ave CITY-ST-ZIP PEMBROKE PINES, FL 33028	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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: X _(signature)_   Misael Costa   03-01-01   (305) 887-4465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #