

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # P96000033782

1. Entity Name

Enigma Corporation

FILED

02 JUL -3 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

927 Washington Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

4. FEI Number

658658635

Applied For

Not Applicable

Zip

Country

Dade

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name

Hector Furnari

Street Address (P.O. Box Number is Not Acceptable)

2144 N.W. 159th Ave

City

Pembroke Pine FL

Zip Code

33028

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 date in parentheses

(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)

☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P Hector FURNARI
2144 NW 159th Ave
Pembroke Pine, FL 33028

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S Michel FURNARI
2144 NW 159th Ave
Pembroke Pine, FL 33028

TITLE
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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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

13

20f2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **ENIGMA, CORPORATION**
Thank you for your courtesy in this matter.


HECTOR FURNARI
PRESIDENT