

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

064445 SP

**DOCUMENT # P96000064045**

1. Entity Name

**ENISA CORP.**

04-11-2002 90050 049 \*\*\*150.00

Principal Place of Business

**3768 ESTPONA AVENUE  
MIAMI FL 33178**

Mailing Address

**3768 ESTPONA AVENUE  
MIAMI FL 33178**

2. Principal Place of Business

3. Mailing Address

**8501 SW 20 Terr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami, FL**

Zip

Country

Zip

Country

**33155**

**USA**

4. FEI Number

**65-0682613**

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RIVAS, ENEAS G  
3768 ESTPONA AVE  
MIAMI FL 33178**

7. Name and Address of New Registered Agent

Name

**RIVAS, ENEAS G**

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

**8501 SW 20 Terr**

City

**Miami**

**FL**

Zip Code

**33155**

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.

(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. ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 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

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>RIVAS, ENEAS G</b>	
STREET ADDRESS	<b>3768 ESTPONA AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>MIGUEL, ISABELINDA</b>	
STREET ADDRESS	<b>3768 ESTPONA AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

*Dabe Fuido*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/22/02**

Date

**305-471-0704**

Daytime Phone #

CR2E034 (9/01)