

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 10, 2001 8:00 am**
Secretary of State

05-10-2001 90199 005 ***150.00

DOCUMENT # P96000075616

1. Entity Name

ERIGE ENTERPRISES CORP.

Principal Place of Business

**328 MINORCA AVE 2FLOOR
CORAL GABLES FL 33134**

Mailing Address

**328 MINORCA AVE 2FLOOR
CORAL GABLES FL 33134**

2. Principal Place of Business

2600 DOUGLAS ROAD

Suite, Apt. #, etc.

PH 6

City & State

CORAL GABLES, FLZip
33134Country
USA

3. Mailing Address

2600 DOUGLAS ROAD

Suite, Apt. #, etc.

PH 6

City & State

CORAL GABLES, FLZip
33134Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1010320

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

**BENITEZ, L
1531 PALENCIA AVE
CORAL GABLES FL 33146**

Name

BENITEZ, L

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

2600 DOUGLAS ROAD

PH 6

City

CORAL GABLES,**FL**Zip Code
33134

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

*Lissette Benitez**Lissette Benitez*

4/16/01

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BADIN, CARLOS
328 MINORCA AVE 2ND FLOOR
CORAL GABLES FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2600 DOUGLAS ROAD PH 6
CORAL GABLES, FL 33134** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
ORTIZ, MICHAEL
328 MINORCA AVE 2ND FLOOR
CORAL GABLES FL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2600 DOUGLAS ROAD PH 6
CORAL GABLES, FL 33134** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

CR2E034 (10/00)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Ortiz**Director****4/16/01 305-476-5270**

Date

Daytime Phone #