

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000071362

1. Entity Name

ENRIZO BROSSETT DRIVING SCHOOL, INC.

Principal Place of Business

662 TAMiami BLVD
MIAMI FL 33144

Mailing Address

662 TAMiami BLVD
MIAMI FL 33144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0830346

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINO, RAUL F ESQ
2440 CORAL WAY
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name **MARILYN ENRIZO**

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

7241 SW 5 TER

City **MIAMI**

FL

Zip **33144**

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

Marilyn Enrizo

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

(NOTE: Registered Agent signature required when reinstating)

3/27/2001

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

TITLE **PD** ☐ Delete
NAME **ENRIZO, GLADYS**
STREET ADDRESS **662 TAMiami BLVD**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **SD** ☒ Delete
NAME **ENRIZO, VANESSA A**
STREET ADDRESS **662 TAMiami BLVD**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **VD** ☐ Delete
NAME **ENRIZO, ORLANDO D JR**
STREET ADDRESS **662 TAMiami BLVD**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **TD** ☐ Change ☒ Addition
NAME **Joannette ENRIZO**
STREET ADDRESS **7241 SW 5 TER**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **SD** ☒ Change ☐ Addition
NAME **MARILYN M. ENRIZO**
STREET ADDRESS **7241 SW 5 TER**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Marilyn Enrizo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2001 (305) 649-4116

Date

Daytime Phone #

0179453

CR2E034 (10/00)

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90199 001 ***150.00

04-18-2001 90199 002 *****8.75

01238



DO NOT WRITE IN THIS SPACE