

04-09-2003 90197 003 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P97000077640</b> 1. Entity Name <b>2001 ENTERPRISES, CORP.</b>					
Principal Place of Business <b>100 LINCOLN RD., STE 721                  MIAMI BEACH, FL 33139</b>		Mailing Address <b>283 CATALONIA AVENUE                  2ND FLOOR                  CORAL GABLES, FL 33134</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0807411</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MIAMI CORPORATE SYSTEMS, INC.                  5200 BLUE LAGOON DRIVE                  SUITE 700                  MIAMI, FL 33126</b>			7. Name and Address of New Registered Agent Name <b>Miami Corporate Systems, Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>283 Catalonia Ave.</b> <b>Second Floor</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <b>3/27/03</b>		(NOTE: Registered Agent's signature required when resigning)	
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
TO: OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT <b>CAROZZI, RICARDO</b> <b>100 LINCOLN RD., STE 721</b> <b>MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS <b>CAROZZI, DANIELA</b> <b>100 LINCOLN RD., STE 721</b> <b>MIAMI BEACH, FL 33139</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <b>DANIELA S. CAROZZI 4/3/2003</b>		Daytime Phone #	

CR2E034 (10/02)

DVS