

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90449 027 ***150.00

DOCUMENT # P97000095378

1. Entity Name
JUAN ARDILES ENTERPRISES, INC.

Principal Place of Business Mailing Address
5881 S.W. 21ST STREET 5881 S.W. 21ST STREET
HOLLYWOOD FL 33023 HOLLYWOOD FL 33023

941410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0791621		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
ARDILES, JUAN J 3011 N.W. 1ST STREET #305 BLDG 7 PEMBROKE PINES FL 33028				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				FL		Zip Code	

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 _____ (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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	---	---	------------------------------------

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	P	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS	ARDILES, MARIA A		STREET ADDRESS				
CITY-ST-ZIP	5881 S.W. 21ST STREET		CITY-ST-ZIP				
	HOLLYWOOD FL 33023						
TITLE NAME	ST	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS	ARDILES, JUAN JR.		STREET ADDRESS				
CITY-ST-ZIP	5881 S.W. 21ST STREET		CITY-ST-ZIP				
	HOLLYWOOD FL 33023						
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: _____ *President 04/02/02 (954) 9646374*
 _____ Date _____ Daytime Phone # _____

CR2E034 (9/01)