

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

03-28-2001 90072 031 \*\*\*150.00

DOCUMENT # P98000038439
1. Entity Name
ENTERPRISE, ENT. CO.

Principal Place of Business
2400 N.E. 209 TERRACE
AVENTURA FL 33180
Mailing Address
2400 N.E. 209 TERRACE
AVENTURA FL 33180



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State
4. FEI Number 65-0873745
Applied For
Not Applicable

6. Name and Address of Current Registered Agent
GUILLEN, ISMAEL
2400 N.E. 209 TERRACE
AVENTURA FL 33180

5. Certificate of Status Desired
\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
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
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 State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include GUILLEN, ISMAEL (President) and GUILLEN, GRACE (VP).

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Includes checkboxes for Change and 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.
SIGNATURE: [Signature] ISMAEL GUILLEN 4-5-01 305-931-8717
Date Daytime Phone #

PRESIDENT

CR2E034 (10/00)