

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90172 022 \*\*\*158.75

**DOCUMENT # P98000040556**



**1. Entity Name**  
**ENTERPRISE SOLUTIONS & ASSOCIATES, INC.**

**Principal Place of Business**  
**2100 S.W. 46TH TERRACE**  
**FORT LAUDERDALE FL 33317**

**Mailing Address**  
**2100 S.W. 46TH TERRACE**  
**FORT LAUDERDALE FL 33317**

**2. Principal Place of Business**  
**432 NW 70TH AVE**

**3. Mailing Address**  
**432 NW 70TH AVE**

**Suite, Apt. #, etc.**  
**SUITE 232**

**Suite, Apt. #, etc.**  
**SUITE 232**

**City & State**  
**PLANTATION, FL**

**City & State**  
**PLANTATION, FL**

**Zip** **33317** **Country** **USA**

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☒ **CHECK HERE IF MAKING CHANGES**

**4. FEI Number** **65-0833886**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**CASTILLA, TULIO**  
**2100 SW 46 TERR**  
**PLANTATION FL 33317**

**7. Name and Address of New Registered Agent**

**Name**

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

**432 NW 70TH AVE # 232**

**City** **PLANTATION**

**FL**

**Zip Code** **33317**

**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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>CASTILLA, TULIO</b>	
<b>STREET ADDRESS</b>	<b>7441 N.W. 8 CT</b>	
<b>CITY-ST-ZIP</b>	<b>PLANTATION FL 33317</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
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<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>CASTILLA TULIO</b>	
<b>STREET ADDRESS</b>	<b>432 NW 70TH AVE # 232</b>	
<b>CITY-ST-ZIP</b>	<b>PLANTATION, FL 33317</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 a power like empowered.**

**SIGNATURE:** *Tulio Castilla* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/15/03 954-6052073**

Date

Daytime Phone #

CR2E034 (10/02)