


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90693 039 ***150.00

DOCUMENT # P98000043850

1. Entity Name
275 ENTERPRISES, INC.



Principal Place of Business
**6195 W. 19TH AVE
OFFICE
HIALEAH FL 33012-6013**

Mailing Address
**6195 W. 19TH AVE
OFFICE
HIALEAH FL 33012-6013**



2. Principal Place of Business
45 W 17 ST

3. Mailing Address
45 W 17 ST

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
HIALEAH FLORIDA

City & State
HIALEAH FLORIDA

Zip
33010

Country
U-S-A

Zip
33010

Country
U-S-A

4. FEI Number **65-0842606**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SANCHEZ, CARLOS E
6195 W-19TH AVENUE
OFFICE
HIALEAH FL 33012**

7. Name and Address of New Registered Agent

Name
MARITZA HERNANDEZ

Street Address (P.O. Box Number is Not Acceptable)
45 W 17 ST

City
HIALEAH

FL

Zip Code
33010

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]* **PRESIDENT** **3-13-03**

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

10. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> Delete
NAME SANCHEZ, CARLOS E	
STREET ADDRESS 6195 W. 19TH AVE	
CITY-ST-ZIP HIALEAH FL 33012	
TITLE	<input type="checkbox"/> Delete
NAME SD HERNANDEZ, MARITZA	
STREET ADDRESS 6195 W. 19 AVE 45 W 17 ST	
CITY-ST-ZIP HIALEAH FL 33012	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME P/S/O HERNANDEZ, MARITZA	
STREET ADDRESS 45 W 17 ST	
CITY-ST-ZIP HIALEAH FL 33010	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *[Signature]* **3/13/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)