

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90143 048 \*\*\*150.00

**DOCUMENT # P98000057284**

1. Entity Name

**ENRIQUE MORTGAGE INC.**

Principal Place of Business

Mailing Address

16375 N.E. 18TH AVE., STE. 309  
 N. MIAMI BEACH FL 33162

16375 N.E. 18TH AVE., STE. 309  
 N. MIAMI BEACH FL 33162-4760

2. Principal Place of Business

3. Mailing Address

~~16375 NE 18th AV~~

~~16375 NE 18th AV~~

Suite, Apt. #, etc.

Suite, Apt. #, etc.

307

307

City & State

City & State

NORTH MIAMI BEACH FL

NORTH MIAMI BEACH FL

Zip

Country

Zip

Country

33162

33162



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0846615

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSILLO, FRANK  
 8405 NW 53RD ST., STE. A-205  
 MIAMI FL 33166

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, 2000 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	SOLTANIK, ENRIQUE	
STREET ADDRESS	16375 N.E. 18TH AVE., STE. 309	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
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STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*ENRIQUE MORTGAGE INC. ENRIQUE SOLTANIK*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2000

Date

305 9481148

Daytime Phone #