

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 12, 2001 08:00 AM
Secretary of State

DOCUMENT # P98000057284

1. Entity Name
ENRIQUE MORTGAGE INC.

Principal Place of Business 16375 NE 18TH AVE 307 N. MIAMI BEACH 33162 FL	Mailing Address 16375 NE 18TH AVE 307 N. MIAMI BEACH 33162 FL
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2. Principal Place of Business 16375 NE 18TH AVE Suite, Apt. #, etc. 201	3. Mailing Address 16375 NE 18TH AVE Suite, Apt. #, etc. 201
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City & State N. MIAMI BEACH FL	City & State N. MIAMI BEACH FL	4. FEI Number 65-0846615	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33162	Country	Zip 33162	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
ROSILLO FRANK
 Street Address (P.O. Box Number is Not Acceptable)
8600 NW 53RD TERRACE
 201
 City
MIAMI FL Zip Code
33166

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 **ROSILLO,FRANK** DATE **01/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLTANIK FERNANDO 3400 NE 192 ND STREET # 1708 MIAMI FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLTANIK VALERIA 3400 NE 192 ND STREET # 1708 MIAMI FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLTANIK ENRIQUE 16375 N.E. 18TH AVE., STE. 309 N. MIAMI BEACH FL 33162	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SOLTANIK,ENRIQUE** D 01/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)