

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90169 034 ***150.00

DOCUMENT # P98000064893

1. Corporation Name

UPRISING ENTERPRISES, INC.

Principal Place of Business

2639 S.W. 32ND AVENUE
MIAMI FL

Mailing Address

2639 S.W. 32ND AVENUE
MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1998

4. FEI Number

65-0851862

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21 8120 CORAL WAY

Suite, Apt. #, etc.

22 City & State
MIAMI, FL.

Zip

Country

24 33155

25 U.S.A.

2a. Mailing Address

26 P.O. Box 451131

Suite, Apt. #, etc.

27 City & State
MIAMI, FL.

Zip

Country

29 33245

30 U.S.A.

9. Name and Address of Current Registered Agent

RENE NAVARRO, P.A.
250 CATALONIA AVENUE
SUITE 505
CORAL GABLES FL

10. Name and Address of New Registered Agent

81 Name

JORGE RODRIGUEZ

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

8120 CORAL WAY

83

84 City MIAMI

FL

85 Zip Code 33155

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/17/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SALUP, MIKEL J
STREET ADDRESS 2301 S.W. 13TH STREET
CITY-ST-ZIP MIAMI FL 33145 ☐ DELETE

TITLE SD
NAME SALUP, MAGDALENA R
STREET ADDRESS 2301 S.W. 18TH STREET
CITY-ST-ZIP MIAMI FL 33145 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
1.2 NAME MIKEL SALUP J
1.3 STREET ADDRESS P.O. Box 451131
1.4 CITY-ST-ZIP MIAMI, FL. 33245

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE PRESIDENT ☐ Change ☒ Addition
3.2 NAME JORGE RODRIGUEZ
3.3 STREET ADDRESS P.O. Box 451131
3.4 CITY-ST-ZIP MIAMI, FL. 33245

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (11/98)