

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000007214

1. Entity Name

ENCHANTED TREASURES COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90112 042 ***150.00

Principal Place of Business

Mailing Address

~~2550 NW 72 AVE., STE. 100~~
MIAMI FL 33122

~~2550 NW 72 AVE., STE. 100~~
MIAMI FL 33122-1269

2. Principal Place of Business

3. Mailing Address

7391 NW 35 Street

7391 NW 35 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

33122

Country

Zip

33122

Country

4. FEI Number

05-0889689

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

MARSH, STELLA

~~2550 NW 72 AVE., STE. 100~~
MIAMI FL 33122

Name

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

7391 NW 35 Street

City

Miami

FL

Zip Code

33122

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 ☐ Delete
NAME P
STREET ADDRESS LEON, LOURDES
CITY-ST-ZIP ~~2550 NW 72 AVE., STE. 100~~
MIAMI FL 33122

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7391 NW 35 Street
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Delete
NAME VST
STREET ADDRESS MARSH, STELLA
CITY-ST-ZIP ~~2550 NW 72 AVE., STE. 100~~
MIAMI FL 33122

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7391 NW 35 Street
CITY-ST-ZIP MIAMI, FL 33122

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2000 305-715-9405

CR2E034 (9/99)