

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011595

1. Entity Name

e-nvios.com, Inc.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90025 012 ***158.75

C0039039

DO NOT WRITE IN THIS SPACE

Principal Place of Business

8317 NW 68 Street
Miami, FL 33166-2654

Mailing Address

8317 NW 68 Street
Miami, FL 33166-2654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

4. FEI Number

65- 0983690

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

SPIEGEL & UTRERA, P.A.
343 Almeria Ave.
Coral Gables, FL 33134

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	President/Director	<input checked="" type="checkbox"/> Delete
NAME	Jose R. Morejon	
STREET ADDRESS	8317 NW 68 Street	
CITY-ST-ZIP	Miami, FL 33166-2654	
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		

TITLE	President/ Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martha Morejon	
STREET ADDRESS	8317 NW 68 Street	
CITY-ST-ZIP	Miami, FL 33166-2654	
TITLE	VP/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard P. Morejon	
STREET ADDRESS	8317 NW 68 Street	
CITY-ST-ZIP	Miami, FL 33166-2654	
TITLE	Secretary/Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith M. Fernandez	
STREET ADDRESS	8317 NW 68 Street	
CITY-ST-ZIP	Miami, FL 33166-2654	
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		

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/25/2000

Date

305-592-1666

Daytime Phone #

CR2E034 (9/99)