

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90071 028 \*\*\*150.00

**DOCUMENT # P99000050624**

1. Entity Name  
**ENEO RESEARCH, INC.**

Principal Place of Business <b>200 SOUTH BISCAYNE BOULEVARD SUITE 4815 MIAMI FL 33131</b>	Mailing Address <b>300 ARAGON AVENUE SUITE 375 CORAL GABLES FL 33134</b>
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2. Principal Place of Business <b>300 Aragon Ave.</b>	3. Mailing Address <b>1548 Brickell Ave.</b>
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Suite, Apt. #, etc. <b>Suite 375</b>	Suite, Apt. #, etc.
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City & State <b>Coral Gables, FL</b>	City & State <b>Miami, FL</b>
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Zip <b>33134</b>	Country <b>USA</b>	Zip <b>33129-1210</b>	Country <b>USA</b>
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4. FEI Number <b>65-0924683</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALUSSOLIA, PIERO**  
~~200 SOUTH BISCAYNE BOULEVARD~~  
~~SUITE 4815~~  
~~MIAMI FL 33131~~

Name  
**Salusoslia, Piero**  
Street Address (P.O. Box Number is Not Acceptable)  
**1548 Brickell Ave.**  
City **Miami** FL Zip Code **33129-1210**

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 *Piero Salussolia* **PIERO SALUSSOLIA** 04/26/01  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
DPST	MIAN, MAURIZIO		
300 ARAGON AVENUE SUITE 375			
CORAL GABLES FL 33134			
AS	FUENTES, CARMEN	AS	MANCA, MARCELLA
200 S BISCAYNE BLVD STE 4815		1548 BRICKELL AVE.	
MIAMI FL 33131		MIAMI, FL 33129-1210	

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: *Marcella Manca* **MARCELLA MANCA** 04/24/01 305-373-7016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)