## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079005

1. Entity Name

PAPIRINGOS ENTERPRISES, INC.



## FILED

03 JUL -3 AM 11:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT	WRITE IN TH	IIS SPACE				
2. Principal Place of Business	ldress		100021450181			
7221 SW CORAL WAY same		ne		07/10/0301007031 **900.00		
Suite, Apt. #, etc. Suite, Apt. #, etc. # 208		#, etc.		DO NOT WRITE IN THIS SPACE		
City & State MIAMI, FLORID.		City & State		4. FEI Number		Applied For Not Applicable
Zip Count 33155 US.	'   - <del>''</del>	Zip Country		5. Certificate of Status Desired		\$8.75 Additional Fee Required
			7. Name and Address of Current Registered Agent			
DO NOT WRITE			Name LEYLA MOSQUERA			
			Street Address (P.O. Box Number is Not Acceptable)			
INT	7:	7221 SW CORAL WAY #208				
Co. Constant		Cit	AMI		FL	Zip Code 3 3 1 5 5
8. The above named entity sumits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE						
January 1 - May 1 Fee After May 1, Fee is Amended UBR is Make Check Payable to Florida	is \$150.00 \$550.00 \$61.25 Department of State	(NOTE: negistared Agen	signature required	S. Election Campaign Fi Trust Fund Contribution	nancing	\$5.00 May Be Added to Fees
TIDE PRESIDEN'	OFFICERS AND DIRECTORS					
MAME LEYLA MO	₹	TITLE NAME				
STREET ADDRESS 7221 SW CORAL WAY/#208			RESS	accese a Come nium Como Optimo Pan nion e e capito (Apare Male		
CITY-ST-ZIP MIAMI, FL 33155		CITY-ST-ZI				
TITLE		TILL				
NAME		HAME				
STREET ADDRESS CITY-ST-ZIP		STREET ADD City-St-Zi	tous documents.			
TITLE		mie				

CITY-ST-ZIP

12. 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

STREET ADDRESS

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CITY-\$1-ZIP

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

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CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP TITLE NAME

CITY-ST-ZIP

TITLE

NAME

SIGNATURE ON TYPED OR PRINTED PLANE OF SIGNAG OFFICER OR DIRECTOR

07/02/03

DO NOT WRITE

IN THIS SPACE

Date

Daytime Phone #

Division of Corporations P.O. BOX 6327 Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$600.00 for the annual report fee with my application.

Since October 1999 we moved to 7221 SW CORAL WAY #208-Miami, Fl 33155 and we did not receive the U.B.R. for the years 2000, 2001, 2002 and 2003, or any other notice from the Division of Corporations in respect with the Corporation **PAPIRINGOS ENTERPRISES INC.** 

Thank you for your courtesy in this matter.

LEYLA MOSQUERA

**PRESIDENT**