

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90008 024 \*\*\*150.00

<b>DOCUMENT #</b> P99000080308			
<b>1. Entity Name</b> Espitia Enterprises, Inc.			
<b>Principal Place of Business</b>		<b>Mailing Address</b>	
7330 Ocean Terr. Apt. 805 Sunny Isles, FL 33160		7330 Ocean Terr. Apt. 805 Sunny Isles, FL 33160	
<b>2. Principal Place of Business</b> 7330 Ocean Terr.		<b>3. Mailing Address</b> 7330 Ocean Terr.	
Suite, Apt. #, etc. Suite 902		Suite, Apt. #, etc. Suite 902	
<b>City &amp; State</b> Miami Beach, FL		<b>City &amp; State</b> Miami Beach, FL	
<b>Zip</b> 33141	<b>Country</b> USA	<b>Zip</b> 33141	<b>Country</b> USA
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
Espitia, Mauricio 7330 Ocean Terr. Apt. 902 Miami Beach, FL 33141		Name Street Address (P.O. Box Number is Not Acceptable) Suite 902 City <b>FL</b> Zip Code	
<b>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.</b>			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <small>(See criteria on back)</small> <input checked="" type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
<b>10. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>11. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/P Espitia, Mauricio 17555 Collins Ave., Apt. 805 Sunny Isles, FL 33160 <input type="checkbox"/> Delete	<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D/T/S Valencia, Maria 17555 Collins Ave., Apt. 805 Sunny Isles, FL 33160 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.</b>			
<b>SIGNATURE:</b>		Mauricio Espitia 411 00 305-498-1969	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CR2E034 (9/99)