

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90093 034 ***150.00

DOCUMENT # P99000080308

1. Entity Name

Espitia Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7330 Ocean Terr.

3. Mailing Address

7330 Ocean Terr.

Suite, Apt. #, etc.

Suite 902

Suite, Apt. #, etc.

Suite 902

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

Zip

33141

Country

4. FEI Number

65-0962872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Espitia, Mauricio

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

7330 Ocean Terr.

Apt. 902

City

Miami Beach

FL

Zip Code

33141

**DO NOT WRITE
IN THIS SPACE**

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) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/P
Espitia, Mauricio
7330 Ocean Terr., Apt. 902
Miami Beach, FL 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D/S/T
Valencia, Maria
7330 Ocean Terr., Apt. 902
Miami Beach, FL 33141

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

Mauricio Espitia

4-25-02

305-498-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #