

2003

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90249 011 ***150.00

DOCUMENT # P99000080308

1. Entity Name

Espitia Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

11017413

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7330 Ocean Terr.

Suite, Apt. #, etc.

Suite 902

City & State

Miami Beach, FL

Zip

33141

Country

USA

3. Mailing Address

7330 Ocean Terr.

Suite, Apt. #, etc.

Suite 902

City & State

Miami Beach, FL

Zip

33141

Country

USA

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.

Suite 902

City

Miami Beach

FL

Zip Code

33141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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 trustee 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.

SIGNATURE:

Mauricio Espitia

4-17-03

305-498-1969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)