2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
1. Entity Nam	MENT # P990000 TERPRISES, INC.		Feb 21, 2001 8:00 a Secretary of State 02-21-2001 90053 024 ***150.00					
Principal Place of Business Mailing Addr 14122 SW 38TH TERRACE 14122 SW 38T								
MIAMI FL 3317.		MIAMI FL 33175			•			
2. Principal Place of Business Suite, Apt. #, atc.		3. Mailing Address						
	And	Suite, Apt. # etc.	<u>e</u>	2	DO NOT WRITE IN THIS	S SPACE		-12
City & Stat		City & State		4. FEI Nur	nber 65-0950749	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certifica	ate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current I	Registered Agent	Name	7. Name a	nd Address of New Registered	i Agent		
FIGUERAS, JANICE 14122 SW 38TH TERRACE				s (P.O. Box Nur	nber is Not Acceptable)			
_	22 SW 30111 TERRACE MI FL 33175		-		50			
			City		Jane F	Zip Cod	e	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent or		<u>-</u>		
o. mo abore	That is a state of the state of	and purpose of orlanging to	rogiotal da dined di rogio	torou ugom, or	obar, ar and diale of ribring.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered Agent signature requi	ired when reinstating)	DATE			
	pration is eligible to satisfy its Intangible		!!_FEE IS \$150.00	10-	Election Campaign Financing		O-May Be	
	requirement and elects to do so.		01 Fee will be \$550.00 le to Department of S)			to Fees	
11.	OFFICERS AND I		12.		IS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 11	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUERAS, JANICE 14122 SW 38TH TERRACE MIAMI FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~		☐ Change	☐ Addition	F034 /10/00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALONSO, MARIANO 14122 SW 38TH TERRACE MIAMI FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALONSO, IRAIDA S 14122 SW 38TH TERRACE MIAMI FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	ست ،
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	certify that the information supplied with on this report or supplemental report is poration or the recover or trustee empor or on an attachment with an address, where the supplementary is the supplementary of the supplementary of the supplementary is supplementary that the information supplied with on this supplied with on the supplementary is supplied with on the supplied with supp	true and accurate and that m	ny signature shall have the as required by Chapter 6	ie same legal et	fect as if made under oath; that	I am an officer	or director	