FILED Feb 03, 2003 8:

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

				-	_
1. Entity Nar	IMENT # \$56500 TERPRISES, INC.	0		Secretary of State 02-03-2003 90143 031 ***150.00	Δ\
Principal Pla 450 NE 53 S MIAMI FL 33 US		Mailing Address 450 NE 53 STREET MIAMI FL 33137 US			
264 (Suite, Apt	Place of Business NE 135 Street t. #, etc.	Suite, Apt. #, etc.) street		
City & Sta	b mi, FI	City & State F	,	4. FEI Number 65-0265129 Applied For Not Applicable	
Zip	Country CS 6. Name and Address of Current R	2018E	Country L.S	Certificate of Status Desired	
			Name		
450 NE 5	KENNETH 33 STREET	·	Street Ad	eyser, Kenneth ddress (P.O. Box Number is Not Acceptable) 40 NE 135 Street	
MIAMI FL	. 33137			516	
			City C	librari FL Zip Code	
	utions of registered agent. Lemeth 2/	eys-		registered agent, or both, in the State of Florida. I am familiar with, and accept ure required when reinstating)	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEYSER, KENNETH 450 NE 53 STREET MIAMI FL 33137	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Peyser, Kenneth 2640 NE 135 street #316 MiAmi, fl 33181 Change Addition	112 217 1501
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	į
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	and the state of t	and the second s		His Occasion and OCIONO File the Octation and the Contract of	

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 Block 11 if changed, or on an attachment with an address; with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF NG OFFICER OF DIRECTOR

Daytime Phone #