

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

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91534 043 ***150.00

DOCUMENT # **V04701**

1. Entity Name

ENQUIRY AGENTS INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5245 NW 36 ST

State, Apt. #, etc.

SUITE 219

City & State

MIAMI SPRINGS, FL

Zip

33166

Country

US

3. Mailing Address

5245 NW 36 ST

State, Apt. #, etc.

SUITE 219

City & State

MIAMI SPRINGS, FL

Zip

33166

Country

US

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4. FEI Number

65-0303995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

RIVERO, R

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

5245 NW 36 ST

SUITE 219

City

MIAMI SPRINGS FL

Zip Code

33166

**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 reappointing)

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 \$350.00

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
RIVERO, RITA
5245 NW 36 ST, #219
MIAMI SPRINGS, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Rita Rivero

04/26/02 (305) 888-6772

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #