

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009196 AF

**DOCUMENT #** M00000001872  
**1. Entity Name**  
 EAP ENTERPRISES, LLC

FILED  
 01 MAR -5 AM 10:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**Principal Place of Business**      **Mailing Address**  
 525 BAYPOINT ROAD      525 BAYPOINT ROAD  
 MIAMI FL 33137      MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 90800 OVERSEAS HWY Suite, Apt. #, etc. BOX 6 City & State TAVERNIER FLORIDA Zip 33070 Country MONROE	<b>3. Mailing Address</b> 90800 OVERSEAS HWY Suite, Apt. #, etc. BOX 6 City & State TAVERNIER FLORIDA Zip 33070 Country MONROE
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**4. FEI Number** NOT APPLICABLE      Applied For  
 Not Applicable

**5. Certificate of Status Desired**  \$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 CAMBO, ERNESTO  
 525 BAYPOINT ROAD  
 MIAMI FL 33137

**7. Name and Address of New Registered Agent**  
 Name: NORBERTO A. PRIU  
 Street Address (P.O. Box Number is Not Acceptable):  
 134 MILANO  
 City: ISLAMORADA FL      Zip Code: 33030

**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: *Norberto A. Priu*      DATE: 2.7.01  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Norberto A. Priu 90800 Overseas Hwy Tavernier FL 33070 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800004035798--2 -04/20/01--01083--016 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.**

**SIGNATURE:** *Norberto A. Priu*      Date:      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)