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## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Jan 16, 2001 8:00 am DOCUMENT # P0000094700 **Secretary of State** 1. Entity Name EB & OB, INC. 01-16-2001 90052 037 \*\*\*150 00 Mailing Address Principal Place of Business 8574 N.W. 1 STREET 8574 N.W. 1 STREET MIAMI FL 33126 MIAM! FL 33126 3. Mailing Address PO Box 025233 2. Principal Place of Business 4440 N.W. 73st DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-1046062 Not Applicable $Y_I \Delta M I$ Country USA \$8.75 Additional 5. Certificate of Status Desired 33102-5233 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BORBOZA BARBOZA, OMAR (P.O. Box Number is Not Acceptable) 8574 N.W. 1 STREET **MIAMI FL 33126** Zip Code 33/66 City 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 01-08-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) red agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE.IS.\$150.00\_ -10:- Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRUSIDENT DIRECTOR Change ☐ Addition □ Delete TITLE TITLE 4440 N.W. 7351. DV., HIDAI, FL BARBOZA, BARBOZA, OMAR NAME NAME 8574 N.W. 1 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33 166 CITY-ST-ZIP **MIAMI FL 33126** DIRECTOR ☐ Change Addition Delete TITLE BARBOZA, GUDIO ONAR TITLE NAME NAME 4440 N.W. 735. DV STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change - Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.