

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90148 010 \*\*\*150.00

DOCUMENT # **P94000035262** ✓  
 1. Entity Name

**E + S Amusements, Inc.**

Principal Place of Business **FL** Mailing Address **1681 North Egret Rd. Homestead, FL 33035**

2. Principal Place of Business **FL** 3. Mailing Address **1681 N. Egret Rd**  
 Suite, Apt. #, etc. **NA** Suite, Apt. #, etc. **NA**

City & State **1681 N. Egret Rd** City & State **Homestead, FL**  
 Zip **33035** Country **USA** Zip **33035** Country **Miami Dade**

4. FEI Number **650509721** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**Eitan Spiner**  
**1681 North Egret Road**  
**Homestead, FL 33035**

7. Name and Address of New Registered Agent  
 Name **Eitan Spiner**  
 Street Address (P.O. Box Number is Not Acceptable) **1681 N. Egret Rd**  
 City **Homestead** FL Zip Code **33035**

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 **Eitan Spiner** DATE **3/24/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Eitan Spiner</b> <b>1681 North Egret Road</b> <b>Homestead, FL 33035</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Eitan Spiner** DATE: **3/24/01** DAYTIME PHONE #: **305 521-7736**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)