

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90501 015 ***158.75

DOCUMENT # P95000034258

1. Entity Name
ECLIPSE AUTO SALES INC.

Principal Place of Business Mailing Address
305 W BASS ST 305 W BASS ST
KISSIMMEE FL 34741 KISSIMMEE FL 34741

2. Principal Place of Business 3. Mailing Address
3070 Michigan Ave 3070 Michigan Ave
 Suite, Apt. #, etc. **D** Suite, Apt. #, etc. **D**

City & State City & State
Kissimmee FL Kissimmee FL
 Zip Country Zip Country
34744 OSCEOLA 34744 OSCEOLA

4. FEI Number **59-3322091** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CADET, GREGORY
2828 MICHIGAN AVE., SUITE 102
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3070 Michigan Ave Ste D
 City **Kissimmee** FL Zip Code
34744

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent's 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	DP	<input checked="" type="checkbox"/> Delete
NAME	MONDE, FRANTZ R	
STREET ADDRESS	657 WESCHLER CIRCLE	
CITY - ST - ZIP	ORLANDO FL 32824	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	CADET, GREGORY	
STREET ADDRESS	717 WESCHLER CIRCLE	
CITY - ST - ZIP	ORLANDO FL 32824	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MANIGAT, EMMANUEL	
STREET ADDRESS	12319 S OBT STE 237	
CITY - ST - ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MYRTHA MANIGAT	
STREET ADDRESS	13572 TURTLE MARSH loop #719	
CITY - ST - ZIP	ORLANDO, FL. 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIERRE FORMEUS	
STREET ADDRESS	10-501 DEMILO PL Apt 302	
CITY - ST - ZIP	ORLANDO, FL 32836	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 any 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UN31301 CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE