

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90048 025 ***150.00

DOCUMENT # P96000082374

1. Entity Name
E.I.B. BROKERS, INC.

Principal Place of Business Mailing Address
1180 WEST 33RD STREET **1180 WEST 33RD STREET**
HIALEAH FL 33012 **HIALEAH FL 33012-4934**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1250 NW 25 ST **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
MIAMI FL **MIAMI FL** **65-0851233** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33172 **MIAMI-DADE** **\$8.75**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
BACALLAO, ISABEL Name
1180 WEST 33RD STREET Street Address (P.O. Box Number is Not Acceptable)
HIALEAH FL 33012 City **FL** Zip Code

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. (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, 2000 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	
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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: Isabel Bacallao **RECEIVED** **ISABEL @ BACALLAO** **1/7/2000** **(305) 594-1105**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #