

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90140 004 \*\*\*150.00

**DOCUMENT # P99000111233**

1. Entity Name  
**EAGLE GROUP 2000, INC.**

Principal Place of Business <b>500 NW 165TH ST/RD #204 MIAMI FL 33169</b>	Mailing Address <b>500 NW 165TH ST/RD #204 MIAMI FL 33169</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0981384</b>		<input checked="" type="checkbox"/>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/>	Not Applicable
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent <b>LODISH, ALVIN 2500 1ST UNION FINANCIAL CENTER MIAMI FL 33131-2336</b>				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOCKE, GEORGE E</b> <b>500 NW 165TH ST/RD #204</b> <b>MIAMI FL 33169</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENDERSON, ELIZABETH</b> <b>500 NW 165TH ST/RD #204</b> <b>MIAMI FL 33169</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GARLAND, RICK</b> <b>19566 HAVENSWAY CT</b> <b>BOCA RATON FL 33498</b>	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"/> Delete	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"/> Delete	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"/> Delete	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: George E Locke Date: 4/26/00 Daytime Phone #: 305-945-8844

CR2E034 (9/99)