

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087435

1. Entity Name

EBANO, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90083 039 ***150.00

Principal Place of Business

Mailing Address

2722 PONCE DE LEON BLVD
 CORAL GABLES FL 33134

2722 PONCE DE LEON BLVD
 CORAL GABLES FL 33134-6005

2. Principal Place of Business

95 NE 40th Street

3. Mailing Address

NE 40th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0812227

Applied For

Not Applicable

Zip

33132

Country

USA

Zip

33137

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, EDUARDO A
 2722 PONCE DE LEON BLVD
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Martinez Eduardo A.**

Street Address (P.O. Box Number is Not Acceptable)

95 NE 40th Street

City **Miami**

FL

Zip Code **33137**

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

Signature, typed or printed name of registered agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

[Handwritten Signature]

04-25-00

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

TITLE **D** Delete
 NAME **MARTINEZ, EDUARDO A**
 STREET ADDRESS **2722 PONCE DE LEON BLVD**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 CITY-ST-ZIP

TITLE Change Addition
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 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.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO MARTINEZ

04/25/00

(305) 5738144
 Daytime Phone #

CR2E034 (9/99)