

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91107 035 ***150.00

DOCUMENT # V70456

1. Entity Name
MICHAEL EAKINS ENT., INC.

Principal Place of Business
21000 W DIXIE HWY
MIAMI FL 33180
US

Mailing Address
1122 N.E. 210TH TERRACE
MIAMI FL 33179
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2704 POLK STREET
 Suite, Apt. #, etc.

3. Mailing Address
315 ENTRADA DR.
 Suite, Apt. #, etc.

City & State
HOLLYWOOD FL.

City & State
HOLLYWOOD FL.

4. FEI Number **65-0372886**

Applied For
 Not Applicable

Zip Country
33020 USA

Zip Country
33021 USA

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

6. Name and Address of Current Registered Agent
EAKINS, MICHAEL
1122 N.E. 210TH TERRACE
MIAMI FL 33179

7. Name and Address of New Registered Agent
 Name
MICHAEL EAKINS
 Street Address (P.O. Box Number is Not Acceptable)
315 ENTRADA DRIVE
HOLLYWOOD
 City **FL** Zip Code **33021**

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, 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete P EAKINS, MICHAEL 1122 N.E. 210TH TERRACE MIAMI FL 33179 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P MICHAEL EAKINS 315 ENTRADA DR. HOLLYWOOD FL 33021 |
| 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: *Michael Eakins* **MICHAEL EAKINS** **4-25-01** **954 920 1190**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)