

# 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**

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

**33020**

Country

**USA**

Zip

**33021**

Country

**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**

City

**HOLLYWOOD**

**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

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

(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) ☐

**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	<b>P</b> <b>EAKINS, MICHAEL</b> <b>1122 N.E. 210TH TERRACE</b> <b>MIAMI FL 33179</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MICHAEL EAKINS</b> <b>315 ENTRADA DR.</b> <b>HOLLYWOOD FL 33021</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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**

**4-25-01**

Date

**954 920 1180**

Daytime Phone #

CR2E034 (10/00)