

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004250

**Entity Name:** E B C 2, INC.

**Current Principal Place of Business:**

C/O FRED E. GLICKMAN, ESQ.  
9200 S. DADELAND BLVD. SUITE NO. 508  
MIAMI, FL 33156

**Current Mailing Address:**

P.O. BOX 430282  
SOUTH MIAMI, FL 33243-0282 US

**FEI Number:** 20-2302268

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GLICKMAN, FRED ESQ.  
9200 S DADELAND BLVD.  
SUITE NO. 508  
MIAMI, FL 33156 US

*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:** FRED GLICKMAN

01/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KAWALERSKI, SUE  
Address        P.O. BOX 430282  
City-State-Zip: SOUTH MIAMI FL 33243-0282

Title            TREASURER  
Name            WILLIAMS, ROBERT B JR.  
Address        P.O. BOX 430282  
City-State-Zip: SOUTH MIAMI FL 33243-0282

Title            VP  
Name            LIEBERMAN, ART  
Address        P.O. BOX 430282  
City-State-Zip: SOUTH MIAMI FL 33243-0282

Title            SECRETARY  
Name            MASSEY, PATRICIA  
Address        P.O. BOX 430282  
City-State-Zip: SOUTH MIAMI FL 33243-0282

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT WILLIAMS

TREASURER

01/14/2016

Electronic Signature of Signing Officer/Director Detail

Date