

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **599833**

1. Entity Name
EYOLFUR OF FLORIDA, INC.

Principal Place of Business
C/O JAMES A. MOLANS
16100 SW 173 AVENUE
MIAMI FL 33187

Mailing Address
C/O JAMES A. MOLANS
16100 SW 173 AVENUE
MIAMI FL 33187

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

05-14-2002 90035 045 ***150.00

FILED
May 14, 2002 8:00 am
Secretary of State

28034
N



DO NOT WRITE IN THIS SPACE

4. City & State		5. Zip		6. Country	7. FEI Number	8. Applied For
MOLANS JAMES A 16100 SW 173 AVENUE MIAMI, FL 33187		Zip	Country	59-1888248	Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MOLANS JAMES A 16100 SW 173 AVENUE MIAMI, FL 33187		Name	
		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

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<p><input type="checkbox"/> Delete</p> <p>P EDGAR, EATON T 16100 SW 173 AVE. MIAMI FL 33187</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	
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<p><input type="checkbox"/> Delete</p>		<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	

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.

CR2E034 (9/01)

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 18, 2002

Date

Daytime Phone #