

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758811

1. Entity Name

ETERNALLY ELVIS T.C.B. INC.

Principal Place of Business

2251 NW 93RD AVENUE
PEMBROKE PINES FL 33024

Mailing Address

2251 NW 93RD AVENUE
PEMBROKE PINES FL 33024-3139

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2125720

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

POALILLO, JUNE
2251 NW 93 AVE.
PEMBROKE PINES FL 33024

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME SMITH, JOE
STREET ADDRESS 28925 KENTUCKY RD
CITY-ST-ZIP HOMESTEAD FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD ☐ Delete
NAME POALILLO, SANDY
STREET ADDRESS 2251 NW 93RD AVE
CITY-ST-ZIP PEMBROKE PINES, FL 00000

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD ☐ Delete
NAME POALILLO, JUNE
STREET ADDRESS 2251 NW 93RD AVE
CITY-ST-ZIP PEMBROKE PINES, FL 00000

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD ☐ Delete
NAME SMITH, JOYCE
STREET ADDRESS 28925 KENTUCKY RD
CITY-ST-ZIP HOMESTEAD FL

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JUNE POALILLO
JUNE POALILLO 2-16-00 (954)431-6297

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90014 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)