

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758811

1. Entity Name

ETERNALLY ELVIS T.C.B. INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90027 048 ****61.25

0035

Principal Place of Business

2251 NW 93RD AVENUE
PEMBROKE PINES FL 33024

Mailing Address

2251 NW 93RD AVENUE
PEMBROKE PINES FL 33024

0 2 1 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2125720

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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
SMITH, JOE
28925 KENTUCKY RD
HOMESTEAD FL

☐ Delete

☐ Change ☐ Addition

VD
POALILLO, SANDY
2251 NW 93RD AVE
PEMBROKE PINES, FL 00000

☐ Delete

☐ Change ☐ Addition

PD
POALILLO, JUNE
2251 NW 93RD AVE
PEMBROKE PINES, FL 00000

☐ Delete

☐ Change ☐ Addition

SD
SMITH, JOYCE
28925 KENTUCKY RD
HOMESTEAD FL

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

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 817, 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:

June Poalillo JUNE POALILLO 2/15/01 (954) 431-6297

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)