

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002793

1. Entity Name
EBS, INC.

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90313 006 ***150.00

Principal Place of Business
C/O UMI OF FLORIDA, INC.
19495 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180

Mailing Address
C/O UMI OF FLORIDA, INC.
19495 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180

901588



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
65-1015659

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

LEXIS DOCUMENT SERVICES INC.
3953 WW KELLEY ROAD
TALLAHASSEE FL 32311

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
CHEW, BRUCE A
19495 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
Ruderman, Carl
1 Turnberry Place, Suite 704
Aventura, FL 33180 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
LANDAU, CAROLINE H
19495 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BERNSTEIN, DAVID
19495 BISCAYNE BLVD., SUITE 301
AVENTURA FL 33180 ☒ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01

Date

Daytime Phone #

CR2E034 (10/00)