

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90090 042 \*\*\*150.00

**DOCUMENT # F49554**

1. Entity Name  
**ETHYLENE EATERS, INC.**

Principal Place of Business

**19085 NE THIRD COURT**  
**MIAMI FL 33179**  
**US**

Mailing Address

**19085 NE THIRD CT.**  
**MIAMI FL 33179**

2. Principal Place of Business

**6941 SW 5 COURT**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 246046**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Pembroke Pines FL**  
 Zip  
**33023**  
 Country  
**USA**

City & State  
**Pembroke Pines FL**  
 Zip  
**33024**  
 Country

4. FEI Number  
**59-2131713**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GRANATA, LINDA M ESQ**  
**19085 NE THIRD COURT**  
**MIAMI FL 33179**

7. Name and Address of New Registered Agent

Name  
**LINDA M. GRANATA**

Street Address (P.O. Box Number is Not Applicable)  
**6941 S.W. 5 COURT**

City  
**Pembroke Pines, FL** Zip Code  
**33023**

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  (NOTE: Registered Agent signature required when reinstating)

DATE  
**4/28/02**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANATA, LINDA, M 19085 NE THIRD COURT MIAMI FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

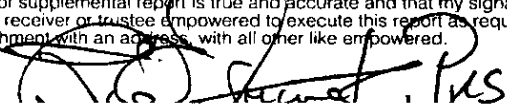
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDA M. GRANATA 6941 SW Fifth Court Pembroke Pines, FL 33023	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

Post Office 4/29/02 ck# 1838

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:

 PUS

4/28/02

954-894-0823