

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90150 001 \*\*\*\*\*5.00  
 01-31-2001 90150 002 \*\*\*150.00  
 01-31-2001 90150 003 \*\*\*\*\*8.75

**DOCUMENT # F99000004378**

1. Entity Name  
**E & A HOME REPAIR, INC.**

Principal Place of Business <b>124-15 135TH AVENUE NEW YORK NY 11420</b>	Mailing Address <b>124-15 135TH AVENUE NEW YORK NY 11420</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>124-15-135th. AVE</b>	3. Mailing Address <b>124-15-135th. AVE</b>
Suite, Apt. #, etc. <b>50 OZONE PK.</b>	Suite, Apt. #, etc. <b>50 OZONE PK.</b>

City & State <b>New York. N.Y.</b>	City & State <b>New York. N.Y.</b>	4. FEI Number <b>11-3482153</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <b>11420</b>	Country	Zip <b>11420</b>	Country

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

6. Name and Address of Current Registered Agent  
**MORY, ANGELICA MARIA  
 1190 ROCKSPRING DR  
 MELBOURNE FL 32940**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MORY, EDUARDO</b>	
STREET ADDRESS	<b>124-15 135TH AVENUE</b>	
CITY-ST-ZIP	<b>SOUTH OZANE PARK NY 11420</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Eduardo Mory* **Jan. 15, 2001** **321 254 5812**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)