## Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90367 045 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

G03239

**DOCUMENT #** 

1. Entity Name EAGLE PURCHASING INCORPORATED

| 2050 NW 93RD AVE. MIAMI FL 33172   |   |                                       | Mailing Address  2050 NW 93RD AVE.  MIAMI FL 33172   |              |                      |                    |                            | † <b>28180</b> lisi <b>o</b> 18 <b>800</b> s | )          | 91 <b>3</b> () <b>9</b> (8)( <b>8</b> (3)() 9 | 1 <b>8</b> 11 <b>618</b> 11 1 <b>88</b> 1 |
|--|---|---------------------------------------|--|--------------|----------------------|--------------------|----------------------------|--|------------|---|---|
| 2. Principal P   | Place of Busin                          | ess                                   | 3. Mailing Address   |              |                      |                    |                            |  |            |   |   |
| Suite, Apt.  | #, etc.                                 |                                       | Suite, Apt. #, etc.  |              |                      |                    | DO NOT WRITE IN THIS SPACE |  |            |   |   |
| City & State   |   |                                       | City & State   |              |                      | 4. 1               | 4. FEI Number 59-2241759   |  |            |   | oplied For                                |
| Zip  |   | Country                               | Zip Country  |              |                      | 5. (               |                            |  |            | \$8.75 Add                                    | ditional                                  |
|  | 6. Name                                 | and Address of Current Re             | egistered Agent  |              | <u> </u>             | 7. N               | Name and Ad                | dress of New I                               | Reaisterea |   |   |
| PEDRAZA, MARIA CRISTINA<br>2070 SW 139 CT<br>MIAMI FL 33175  |   |                                       |  |              | Name<br>Street Ac    |                    |                            | s Not Acceptab                               |            |   |   |
|  |   |                                       |  |              | City                 |                    |                            |  | FI         | Zip Cod                                       | e   |
| SIGNATURE .  | Signature, typed                        | r submits this statement for t        | d title if applicable. (NOTE   | E: Registere | d Agent signatur     | e required when re |                            | n the State of F                             | DATE       |   |   |
| <ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)     </li> </ol> |   |                                       | FILE NOW!!! FEE IS \$150 After May 1, 2002 Fee will be \$ Make Check Payable to Department |              |                      | 50.00              | 1                          | on Campaign Fi<br>Fund Contributio           | _          | \$5.0<br>Added                                | May Be                                    |
| 11.  |   | OFFICERS AND D                        | RECTORS  | 12.          |                      | AD                 | DITIONS/CH                 | ANGES TO OF                                  | FICERS AN  | D DIRECTOR                                    | S IN 11                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TS<br>CRUZ, MA<br>2071 S.W.<br>MIAMI FL | RIA E<br>139TH COURT                  | □ Delete   |              |                      |                    |                            |  |            | ☐ Change                                      | ☐ Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ŻIP   | P<br>PEDRAZA,<br>2070 S.W.<br>MIAMI FL  | MARIA C<br>139TH CT.                  | ☐ Delete   |              | 1                    |                    |                            |  |            | ☐ Change                                      | Addition                                  |
| TITLE<br>NAME<br>Street address<br>City-St-Zip   |   | · · · · · · · · · · · · · · · · · · · | ☐ Delete   |              |                      | an Tay Superior .  |                            | , <u>-</u>                                   |            | ☐ Change                                      | ☐ Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                                       | ☐ Delete   |              |                      | •                  |                            |  |            | ☐ Change                                      | ☐ Addition                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                                       | ☐ Delete   |              |                      |                    |                            |  |            | □ Change                                      | ☐ Addition                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | populáci de addata                      | information supplied with th          | ☐ Delete   | CITY-        | ET ADDRESS<br>ST-ZIP |                    |                            | 7  |            | ☐ Change                                      | * Addition                                |

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