

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G56375**

1. Entity Name  
**E. F. CORPORATION**

Principal Place of Business  
**1150 S.W. 103RD COURT  
MIAMI FL 33174**

Mailing Address  
**1150 S.W. 103RD COURT  
MIAMI FL 33174**

2. Principal Place of Business Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2439088** Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**FERNANDEZ, EUGENIO  
1150 S.W. 103RD COURT  
MIAMI FL**

## 7. Name and Address of New Registered Agent

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 \$550.00  
After September 12, 2001 Fee will be \$750.00  
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 **PD** ☐ Delete  
NAME **FERNANDEZ, EUGENIO**  
STREET ADDRESS **1150 S.W. 103RD COURT**  
CITY-ST-ZIP **MIAMI FL**

TITLE **STD** ☐ Delete  
NAME **FERNANDEZ, SURINA**  
STREET ADDRESS **1150 S.W. 103RD COURT**  
CITY-ST-ZIP **MIAMI FL**

TITLE **V** ☐ Delete  
NAME **FERNANDEZ, JUAN ANTONIO**  
STREET ADDRESS **1150 S.W. 103RD COURT**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Signature Required**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/01 305-2270470  
Date Daytime Phone #

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**  
09-06-2001 90053 020 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

AV 6388900

CR2E034 (5/01)