

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G87841

1. Entity Name

EAGLE BRANDS, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90184 014 \*\*\*150.00

Principal Place of Business

Mailing Address

% CARLOS M. DE LA CRUZ  
3201 MILAM DAIRY ROAD  
MIAMI FL 33122

% CARLOS M. DE LA CRUZ  
3201 MILAM DAIRY ROAD  
MIAMI FL 33122-1317

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2385262

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MURAI WALD BIONDO & MORENO PA  
25 SE 2ND AVE  
STE 900  
MIAMI FL 33131

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, 2000 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 DC ☐ Delete  
NAME DE LA CRUZ, CARLOS M.  
STREET ADDRESS 3201 N.W. 72 AVE  
CITY-ST-ZIP MIAMI FL 33122

TITLE DP ☐ Change ☒ Addition  
NAME DE LA CRUZ, JR., CARLOS M.  
STREET ADDRESS 3201 N.W. 72 AVE  
CITY-ST-ZIP MIAMI, FL 33122

TITLE D ☐ Delete  
NAME DE LA CRUZ, ROSA R.  
STREET ADDRESS 5 HARBOR POINT  
CITY-ST-ZIP KEY BISCAYNE FL

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

TITLE ~~DP~~ ☒ Delete  
NAME ~~DE LA CRUZ, ALBERTO~~  
STREET ADDRESS ~~151 ISLAND DR.~~  
CITY-ST-ZIP ~~KEY BISCAYNE FL~~

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

TITLE ~~VP~~ ☒ Delete  
NAME ~~PORTUNONDO, MANUEL~~  
STREET ADDRESS ~~3201 NW 72 AVE.~~  
CITY-ST-ZIP ~~MIAMI FL~~

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

TITLE CFO ☐ Delete  
NAME DE MOLINA, RAMIRO G.  
STREET ADDRESS 3201 NW 72 AVE.  
CITY-ST-ZIP MIAMI FL

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

TITLE VPGC ☐ Delete  
NAME KADRE, MANUEL  
STREET ADDRESS 3201 NW 72 AVE.  
CITY-ST-ZIP MIAMI FL

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:

*Manuel Kadre*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 2000 (305) 599-2337

Date

Daytime Phone #

CR2E034 (9/99)