2001 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental reports of the corporation or the receiver or trustee and changed, or on an attachment with an address,

SIGNATURE AND TYPED

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FILED Feb 12, 2001 8:00 am Secretary of State **DOCUMENT # K49490** EAGLE INTERNATIONAL SUPPLY CO. 02-12-2001 90239 031 ***158.75 Principal Place of Business Mailing Address 8306 MILLS DRIVE 8306 MILLS DRIVE SUITE 211. SUITE 211 **MIAMI FL 33183** MIAMI FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0138183 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PIGOTT, MIKE Street Address (P.O. Box Number is Not Acceptable) 8306 MILLS DRIVE **MIAMI FL 33183** Zin Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, TITLE ☐ Delete TITLE ☐ Change NAME PIGOTT, MIKE A. NAME STREET ADDRESS 8306 MILLS DRIVE STREET ADDRESS CITY-ST-ZIP Miami Fl CITY-ST-ZIP TITLE. ☐ Delete ☐ Change ☐ Addition PIGOTT, YORIE O. NAME NAME STREET ADDRESS 8306 MILLS DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 teport 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 and accurate and that my signature by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if