2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K49722 ✓

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90428 018 ***558.75

00057475

DO NOT WRITE IN THIS SPACE

1. Entity Name
E.H.C. ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business
4220 W. IRLO BRONSON
Suite, Apt. #, etc. MEMORIAL HWY
City & State: Kissimmee, Fl
Zip: 34741
Country: USA

3. Mailing Address
P.O. BOX 352106
Suite, Apt. #, etc.
City & State: Miami, Fl.
Zip: 33135
Country: USA

4. FEI Number: 65-0091119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Luisa O. Curiel
2790 NW 4 St
Miami, Fl. 33125

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] DATE 05-01-00
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, 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

TITLE	PRESIDENT	☐ Delete
NAME	EDWIN H. COLE	
STREET ADDRESS	14238 COLONIAL GRAND BLVD	
CITY-ST-ZIP	ORLANDO Fl. 32837	
TITLE	SECRETARY	☐ Delete
NAME	LUISA O. CURIEL	
STREET ADDRESS	2790 NW 4 St	
CITY-ST-ZIP	Miami, Fl. 33125	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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] 05-01-00 305-541-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #