

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005019

1. Entity Name

EGLOBALSTRATEGIES, L.L.C.

FILED

01 APR 30 PM 6: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4270 ALOMA AVENUE, UNIT 124-12C
WINTER PARK FL 32792

Mailing Address

4270 ALOMA AVENUE, UNIT 124-12C
WINTER PARK FL 32792

2: Principal Place of Business

1622 So Orlando Ave

3. Mailing Address

same

Suite, Apt. #, etc.

Maitland FL

Suite, Apt. #, etc.

City & State

32751

City & State

Zip

Country

Country

Orange

Zip

Country

4. FEI Number

59 3642613

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name Ana Telleria
Street Address (P.O. Box Number is Not Acceptable)

1622 So Orlando Ave

City Maitland

FL

Zip Code 32751

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

Ana Telleria Manager 4/25/01

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

500004218855-2
-05/15/01--01143--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MGR
NAME MYERS, LILIAN T
STREET ADDRESS 4270 ALOMA AVENUE, UNIT 124-12C
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE MGR
NAME COOPER, JOHN
STREET ADDRESS 4270 ALOMA AVENUE, UNIT 124-12C
CITY-ST-ZIP WINTER PARK FL 32792 ☒ Delete

TITLE MGR
NAME TELLERIA, ANA
STREET ADDRESS 4270 ALOMA AVENUE, UNIT 124-12C
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

TITLE Mgr
NAME Sanford Carr
STREET ADDRESS 1622 So Orlando Ave
CITY-ST-ZIP Maitland FL 32751 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 1622 So Orlando Ave
CITY-ST-ZIP Maitland FL 32751 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS same as above
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS same as above
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS same as above
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE

4/25/01 4076789716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)