

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014967

1. Entity Name

EBL INDUSTRIES, L.L.C.

FILED

01 MAR 21 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5920 SNOWDROP WAY

WEST PALM BEACH FL 33415

"SAME"

2. Principal Place of Business

5920 SNOWDROP WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

"SAME"

Zip

33415

Country

USA

Zip

Country

4. FEI Number

65-1059027

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 + VTRERA, P.A.
343 AMERICA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name EDGARDO BIENVENIDO LACON

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

5920 SNOWDROP WAY

City WEST PALM BEACH

FL

Zip Code

33415

8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

EDGARDO B. LACON

2/11/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE PRESIDENT
NAME EDGARDO BIENVENIDO LACON
STREET ADDRESS 5920 SNOWDROP WAY
CITY-ST-ZIP WPB FL 33415

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP

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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:

EDGARDO B. LACON, OPERATING MGR. 2/11/01 (S61) 684-864.

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

Date

Daytime Phone #

CR2E083 (11/00)