

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90073 014 ***158.75

DOCUMENT # L14670

1. Entity Name
EISNOR INVESTMENTS, INC.

Principal Place of Business

**14352 SW 142 AVENUE
 MIAMI FL 33186**

Mailing Address

**14352 SW 142 AVENUE
 MIAMI FL 33186**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0140010**

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EISNOR, WILLIAM J.
 1238 ANASTASIA AVE.
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

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

NO CHANGE

4/23/01

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

(NOTE: Registered Agent's 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, 2001 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	DP	<input type="checkbox"/> Delete
NAME	EISNOR, WILLIAM J.	
STREET ADDRESS	1238 ANASTASIA AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE	DTS	<input type="checkbox"/> Delete
NAME	EDELSTEIN, MARY LOU	
STREET ADDRESS	1238 ANASTASIA AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EISNOR, RICHARD DAVID	
STREET ADDRESS	1238 ANASTASIA AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	EISNOR, CASEY DEAN	
STREET ADDRESS	1238 ANASTASIA AVENUE	
CITY- ST- ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EISNOR, WILLIAM J JR	
STREET ADDRESS	14352 SW 142 AVE	
CITY- ST- ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

William J. Eisor (Sr.)

4/23/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)