2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L66337 **DOCUMENT #**

1. Entity Name

E. & A. MANAGEMENT CORP.



FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90184 040 ***150.00

						OD WE TE				
Principal Pla	ace of Business		Mailir	ng Address						
C/O BARRY BARAK				C/O BARRY BARAK				`		
2223 PEMBROKE ROAD				2223 PEMBROKE ROAD						
HOLLYWOOD	D FL 33020			HOLLYWOOD FL 33020				1 100 (CO) 010 010 0110 0110 01100 1110 0110 1010	JIGH BROM BIANC	B(B); B(B)) (B);
			_							
2. Principal Place of Business			3. Ma	3. Mailing Address					JARIN BERKE BIRRE	BARIN BIRNI BR
		İ								
Suite, Apt	t. #, etc.	Suit	Suite, Apt. #, etc.				_			
		ļ					☐ CHECK HERE IF MAKING CHANGES			
City & Sta	ate	City	City & State			4.6	FE! Number CE 0000740	<u> Ι</u> Δί	pplied For	
-		'	,				65-0206743		ot Applicable	
Zip Country			Zip	Zip Cou		intry _			\$8.75 Add	
						•	5. Certificate of Status Desired Fee Required			
	6. Name ar	nd Address of Curre	nt Registere	ed Agent			7. N	Name and Address of New Registered		
			.~			. Name				
BARAK, BARRY								,		
2223 PEMBROKE ROAD				Street Address (F			ss (P.O. B	P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33020										ļ
					Ī	City		FL	Zip Cod	le .
0 The sheet		1 1 41 1						· -	- 1	
the oblina	e named entity s ations of registers	ubmits this statement ed agent	for the purp	ose of changing its	registered	d office or regis	istered age	ent, or both, in the State of Florida. I am	familiar with,	and accept
ga	and or regional	od ugom.	,							-
SIGNATURE										
}	Signature, typed or p	printed name of registered ago	ant and title if app	dicable. (NOTI	E: Registered	Agent signature requ	uired when rei	instating) DATE		
F	ILE NOW!!!	FEE IS \$150.00								
After May 1, 2003 Fee will be \$550.00							-	9. Election Campaign Financing		0 May Be
Make Check Payable to Florida Department of State								Trust Fund Contribution.	J Added	to Fees
10.		OFFICERS AN	ID DIRECTO	I JRS	11.		ADI	L DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: