

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99146

1. Entity Name
Eagle Petroleum International Corp.

FILED

00 JUN 15 AM 8:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
1746 Meridian Ave #4 1746 Meridian Ave #4
Miami Beach FL 33139 Miami Beach FL 33139

2. Principal Place of Business 3. Mailing Address
1746 Meridian Ave 1746 Meridian Ave
Suite, Apt. #, etc. 4 Suite, Apt. #, etc. 4
City & State City & State
Miami Beach, FL Miami Beach, FL
Zip Zip Country Country
33139 33139 USA USA

REINSTATEMENT 09-00

4. FEI Number Applied For
65-0221825 Not Applicable

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

6. Name and Address of Current Registered Agent
Moses, Eduardo
1746 Meridian Ave #4
Miami Beach, FL 33139

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 **Eduardo Moses** DATE
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 \$5.00 May Be Added to Fees
Trust Fund Contribution. ☐ ☐

11. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	P Moses, Eduardo
STREET ADDRESS	1746 Meridian Ave #4
CITY-ST-ZIP	Miami Beach FL 33139
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	600003312466--4
CITY-ST-ZIP	-07/05/00--01013--023
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	****908.75 ****908.75
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
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: **Eduardo Moses** Date: **4/13/00** Daytime Phone #: **305-776-1776**

CR2E034 (9/99)

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