

2001 UNIFORM BUSINESS REPORT (UBR)

0009196 AF

DOCUMENT # M00000001872

1. Entity Name
EAP ENTERPRISES, LLC

FILED
01 MAR -5 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**

525 BAYPOINT ROAD 525 BAYPOINT ROAD
MIAMI FL 33137 MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **3. Mailing Address**

90800 OVERSEAS HWY 90800 OVERSEAS HWY
Suite, Apt. #, etc. Suite, Apt. #, etc.
Box 6 Box 6
City & State City & State
TAVERNIER FLORIDA TAVERNIER FLORIDA
Zip Zip
33070 33070
Country Country
MONROE MONROE

4. FEI Number NOT APPLICABLE **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

CAMBO, ERNESTO
525 BAYPOINT ROAD
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name NORBERTO A. PRIU
Street Address (P.O. Box Number is Not Acceptable)
134 MILANO
City ISLAMORADA FL Zip Code 33070

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 *Norberto A. Priu* **DATE** 2.7.01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Norberto A. Priu	90800 Overseas Hwy	Tavernier FL 33070	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		800004035798--2	-04/20/01--01083--016		
		*****50.00	*****50.00		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Norberto A. Priu* **DATE** **Daytime Phone #**

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

CR2E083 (11/00)