

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2003 8:00 am
Secretary of State

05-14-2003 90131 031 ***61.25

DOCUMENT # N98000005225

1. Entity Name
EUMAR UNLIMITED, INC.



Principal Place of Business

**6033 NW 6TH COURT
MIAMI FL 33127
US**

Mailing Address

**6033 NW 6TH COURT
MIAMI FL 33127
US**

2. Principal Place of Business

5421 S.W. 22nd Street

3. Mailing Address

P.O. Box 472623

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Hollywood, FLORIDA

City & State

MIAMI FLORIDA

4. FEI Number **65-0864941**

Applied For
Not Applicable

Zip

Country

33023 USA

Zip

Country

33247 USA

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

6. Name and Address of Current Registered Agent

**THOMPSON, EUGENE
6033 NW 6TH COURT
MIAMI FL 33127**

7. Name and Address of New Registered Agent

Name **Denise Brooks**

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

5421 SW 22nd Street

City **Hollywood** **FL** Zip Code **33023**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Denise Brooks, President** **5-7-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **THOMPSON, EUGENE**
STREET ADDRESS **6025 NW 6TH CT**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **PD** ☐ Change ☒ Addition
NAME **BROOKS, DENISE**
STREET ADDRESS **5421 SW 22nd Street**
CITY-ST-ZIP **Hollywood, FL 33023**

TITLE **SD** ☐ Delete
NAME **THOMPSON, ROSALIE**
STREET ADDRESS **6033 NW 6 COURT**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **SD** ☐ Change ☐ Addition
NAME **THOMPSON, MARY**
STREET ADDRESS **943 NW 65th Street**
CITY-ST-ZIP **MIAMI, FL 33150**

TITLE **TD** ☐ Delete
NAME **THOMPSON, MARY**
STREET ADDRESS **6025 NW 6TH CT**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **TD** ☐ Change ☐ Addition
NAME **THOMPSON, Rosalie**
STREET ADDRESS **6033 NW 6th Court**
CITY-ST-ZIP **MIAMI, FL 33127**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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.

SIGNATURE: **Denise Brooks** **5-7-03** **954-274-1236**
SIGNATURE REQUIRED

CR2E037 (10/02)