

2000 UNIFORM BUSINESS REPORT (UBR)

5/31

FILED

Jun 27, 2000 8:00 am
Secretary of State

05-31-2000 90040 020 ****62.00

DOCUMENT # N99000006836

1. Entity Name

EAGLE CARE PRODUCTION, INC.

Principal Place of Business

553 NORTHEAST 75TH STREET
MIAMI FL 33138

Mailing Address

POST OFFICE BOX 016097
MIAMI F: 33101-6097

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

60123 Pending
65 0929810

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PTD	<input type="checkbox"/> Delete
NAME	WHITE, MAREETA	
STREET ADDRESS	553 NORTHEAST 75TH STREET	
CITY - ST - ZIP	MIAMI FL 33138	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	MCINTYRE, GAIL	
STREET ADDRESS	553 NORTHEAST 75TH STREET	
CITY - ST - ZIP	MIAMI FL 33138	
TITLE	ERIC MCINTYRE	<input type="checkbox"/> Delete
NAME	TD	
STREET ADDRESS	1240 N.E. 16 Ave	
CITY - ST - ZIP	Miami Fla	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)