

FILED
Jun 06, 2001 8:00 am
Secretary of State

05-03-2001 90967 043 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000012263

1. Entity Name

EAGLE SPRAY CORP.

Principal Place of Business

Mailing Address

1255 WEST 49 PL. APT. A-110
HIALEAH FL 330121255 WEST 49 PL. APT. A-110
HIALEAH FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1001143

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAMAS, OSCAR

1255 WEST 49 PL. APT. A-110

HIALEAH FL 33012

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

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, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution ☐

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS LAMAS, OSCAR
 CITY-ST-ZIP 1255 WEST 49 PL. APT. A-110
 HIALEAH FL 33012

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/01 305-558-0797

CR2E034 (10/00)

ATTACHMENT
6837
P0000002263

04/26/00 WED 22:25 FAX 678 530 6156

TELE-TIN

001

INTERNAL REVENUE SERVICE

ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362

DATE 4/26 RECD _____ TIME _____

NAME

FAX NUMBER

Oscar Lamas

305-698-0406

IF YOU HAVE ANY QUESTIONS ABOUT ANY FAX RECEIVED FROM OUR
OFFICE PLEASE CALL US AT (678) 530-7925 OR (678) 530-7902.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION
NUMBER FOR THE ENTITY (IES) SHOWN BELOW. YOU SHOULD
RECEIVE WRITTEN NOTIFICATION OF YOUR EMPLOYER
IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.

COMPANY NAME:

Eagle Spray Corp

EMPLOYER IDENTIFICATION NUMBER (EIN): 65-1001143

COMPANY NAME:

EMPLOYER IDENTIFICATION NUMBER (EIN):

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