

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013998

1. Entity Name

EEVL INVESTMENTS CORP.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90137 048 ***150.00

Principal Place of Business

P.O. BOX 52-6404
MIAMI FL 33152-6404

Mailing Address

P.O. BOX 52-6404
MIAMI FL 33152-6404

300933



DO NOT WRITE IN THIS SPACE

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

65-0985533

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

VARGAS, EDUARDO E
2531 N.W. 72ND AVE.
OFFICE A
MIAMI FL 33122

Name

EDUARDO E. VARGAS

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

7055 NW 12 STREET # 219
MIAMI, FL 33126

City

MIAMI

FL

Zip Code

33126

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 of the person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/2001

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME VARGAS, EDUARDO E
STREET ADDRESS P.O. BOX 52-6404
CITY-ST-ZIP MIAMI FL 33152-6404
A P IS OK

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/12/2001 (305) 4776720

CR2E034 (10/00)