

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90185 007 ***150.00

DOCUMENT # P00000040328

1. Entity Name
EBG, INC.



Principal Place of Business
**20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180**

Mailing Address
**20803 BISCAYNE BLVD.
SUITE 200
AVENTURA FL 33180**

11014444



2. Principal Place of Business
2875 N.E. 191st Street

3. Mailing Address
2875 N.E. 191st Street

Suite, Apt. #, etc.
508

Suite, Apt. #, etc.
508

City & State
Aventura, Florida

City & State
Aventura, Florida

4. FEI Number **65-1016750**

Applied For
Not Applicable

Zip Country
33180 USA

Zip Country
33180 USA

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

MALINSKI, NORMAN
20803 BISCAYNE BLVD. 2875 N.E. 191st Street
SUITE 200 X 508
AVENTURA FL 33180

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

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

Apr 25, 2003
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **GOLD, ELLEN B**
STREET ADDRESS **2875 N.E. 191st St.**
CITY-ST-ZIP **20803 BISCAYNE BLVD. SUITE 200 Suite 508 AVENTURA FL 33180**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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

4/18/03 **305 937-4242**
Date Daytime Phone #

CR2E034 (10/02)