

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90447 024 ***150.00

DOCUMENT # P00000044627

1. Entity Name

E.B. SERVICES CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8650 SW 133 AVE/RD

3. Mailing Address
8650 SW 133 AVE/RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7-216

7-216

City & State

City & State

MIAMI, FL.

MIAMI, FL.

Zip

Country

Zip

Country

33183

U.S.A.

33183

U.S.A.

4. FEI Number

65-1005140

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

ALEJANDRO BARRERA

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

8650 SW 133 AVE/RD

APT/ 7-216

City

MIAMI

FL


Zip Code

33183

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
ALEJANDRO BARRERA - PRESIDENT
8650 SW 133 AVE/RD # 7-216
MIAMI, FL. 33183

TITLE
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CITY- ST- ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



PRESIDENT

04/02/02

(305) 386-5047

Signature and typed or printed name of signing officer or director

Date

Telephone Number