

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90069 001 ***158.75

DOCUMENT # P00000111604

1. Entity Name
FAMILY EAGLE, CORP.

Principal Place of Business
1750 NE 191 STREET #725
NORTH MIAMI BEACH FL 33179

Mailing Address
1750 NE 191 STREET #725
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business
2000 NE 135 STREET

3. Mailing Address
2000 NE 135 STREET

Suite, Apt. #, etc.
303

Suite, Apt. #, etc.
303

City & State
N. MIAMI FL

City & State
NORTH MIAMI FL

Zip
33181

Country
USA

Zip
33181

Country
USA

4. FEI Number **65-1059526**

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DE FRANCA TOSTA, MANOEL LUIS
1750 NE 191 STREET #725
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

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]*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/31/02
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	DE FRANCA TOSTA, MANOEL LUIS
STREET ADDRESS	1750 NE 191 STREET #725
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
TITLE	D <input type="checkbox"/> Delete
NAME	CALDARA, VANIA MARIA
STREET ADDRESS	1750 NE 191 STREET #725
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVA, MARIO LUIZ
STREET ADDRESS	5042 SHERIDAN STREET
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/02
 Date

(305) 940-1330
 Daytime Phone #

CR2E034 (9/01)