

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115434

1. Entity Name

ETONE CORP.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90146 043 ***150.00

Principal Place of Business

11320 HERON BAY BOULEVARD
UNIT 2321
CORAL SPRINGS FL 33076

Mailing Address

11320 HERON BAY BOULEVARD
UNIT 2321
CORAL SPRINGS FL 33076

2. Principal Place of Business

11190 HERON BAY BLVD

Suite, Apt. #, etc.

#923

City & State

Coral Springs, FL

Zip

33076

Country

3. Mailing Address

11190 HERON BAY BLVD

Suite, Apt. #, etc.

#923

City & State

Coral Springs, FL

Zip

33076

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1071828

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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, 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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME RODRIGUEZ, ROSA M
STREET ADDRESS 11320 HERON BAY BOULEVARD
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

TITLE SD
NAME PEREZ, DAVID A
STREET ADDRESS 11320 HERON BAY BOULEVARD
CITY-ST-ZIP CORAL SPRINGS FL 33076 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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 #

4/27/01 954 796 0913

CH2E034 (10/00)

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