2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.

Sep 02, 2003 8:00 am Secretary of State P00000116844 DOCUMENT # 09-02-2003 90196 020 ***158.75 1. Entity Name E & B SERVICES & CONSULTANTS, INC. Principal Place of Business Mailing Address 2902 S.W. 136TH CT. 2902 S.W. 136TH CT. **MIAMI FL 33175** MIAMI FL 33175 2. Principal Place of Business 3. Mailing Address لعالم 3310 STOR RT Suite, Apt. #, etc. Suite, Apt. #, etc. TO CHECK HERE IF MAKING CHANGES Cit# & State City & State 4. FEI Number Applied For 65-1079334 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROFFER, VICTORIA 2902 S.W. 136TH CT. **MIAMI FL 33175** 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) € FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD Delete TITLE Change . TITLE ☐ Addition ROFFER, VICTORIA NAME NAME 2902 S.W. 136TH CT. ... 🐇 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Attachment

80143180 #P00000116844

August 28, 2003

To Whom It May Concern:

Enclosed is the completed annual report and check in the amount of \$158.75. By means of this letter I am asking the department to waive the \$400 late filing fee for the following reasons.

I never received the first notice. I had my accountant to go ahead and file the return on line, and I was out of town traveling back and forth for the first 6 months of the year. I asked my accountant when I came back and he mentioned he had filed the return. Now I find out he did not file the return. When I approached him he mentioned his assistant forgot to do it and that he would not be willing to pay the late filing fee, so I had to fire him and hire a new one.

I would appreciate based on the above information that the \$400 late filing fee be waived.

Sincerely,

Victoria Rofes

President