## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

MIAMI FL 33184

928 SW 143RD PL.

## P01000007802 DOCUMENT #

1. Entity Name

Principal Place of Business

SIGNATURE;

928 SW 143RD PL.

MIAMI FL 33184

EIRANOVA'S INVESTMENT CORP.



## **FILED** Feb 07, 2003 8:00 am Secretary of State 02-07-2003 90066 034 \*\*\*150.00

Daytime Phone #



	ace of Business		ing Address	) 2 Ta-0				#B  #0  #  #  #8	
13706 Suite, Apt.		1370	16 5w 8	23 Terr		et outor utot it making	CHANGE		
Suite, Apt.	#, etc.	Conc	, ript. ", 515.			CHECK HERE IF MAKING			
City & State	• • •	City	& State	EI.	<b>4</b> . F	65-1084902	<del></del>	oplied For	
<u>Mio</u>		11	rami	(Country)	_		\$8.75 Add	ot Applicable	
ススノフ	Country	33	175	Country	<b>5</b> . C		Fee Require		
<u> </u>	6. Name and Address of Current	Registere	d Agent			lame and Address of New Registered	Agent		
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EIRANOVA, RENO				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
928 SW 143RD PL.									
MIAMI FL	33184								
	, age			City		FL	Zip Cod	ie	
8. The above	named entity submits this statement for	r the purpo	ose of changing its r	egistered office or regis	stered age	ent, or both, in the State of Florida. I am	familiar with,	and accept	
the obligat	ions of registered agent.								
SIGNATURE.						44444			
SIGNATURE,	Signature, typed or printed name of registered agent	and title il appl	licable. (NOTE:	Registered Agent signature req	uired when re	instating) DATE			
Ě	LE NOW!!! FEE IS \$150.00					9. Election Campaign Financing	\$5.0	00 May Be	
Afte	May 1, 2003 Fee will be \$550.00							d to Fees	
Make Check	Payable to Florida Department o			<b>-</b>	40	DITIONS/CHANGES TO OFFICERS AND	) DIRECTOR	2S (N 11	
10.	OFFICERS AND	DIRECTO		TITLE	AD	DITIONS/CHANGES TO OFFICERS AND	Change	Addition	
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CITY-ST-ZIP	MIAMI FL 33184			CITY-ST-ZIP					
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NAME STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP	· ·			-	
12. I hereby indicated of the co-	certify that the information supplied wit d on this report or supplemental report rporation or the receiver or trustee ont , or on an attack ment with an address	h this filing is true and lovered to with all oth	does not qualify for accurate and that m execute this report her like empowered.	the exemption stated in the signature shall have as required by Chapter	n Section the same 607, Flori	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I ida Statutes; and that my name appears	artify that the am an office in Block 10 o	information or director or Block 11 if	