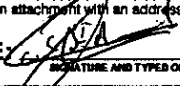


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000031097			
1. Entity Name EBOX, INC.			
Principal Place of Business 1010 SEMINOLE DR. Suite 706, Fort Lauderdale FL 33304-3219		Mailing Address 1010 SEMINOLE DR. Suite 706, Fort Lauderdale FL 33304-3219	
2. Principal Place of Business 1010 SEMINOLE DR. Suite, Apt. #, etc. Suite 706		3. Mailing Address 1010 SEMINOLE DR. Suite, Apt. #, etc. Suite 706	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33304-3219		Zip 33304-3219	
Country USA		Country USA	
4. FEI Number 65-1091184		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		Additional Fee Required \$8.75	
6. Name and Address of Current Registered Agent COHN, ALAN B 2021 TYLER STREET HOLLYWOOD, FL 33020		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. 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 submitting)			
9. Election Campaign Financing Trust Fund Contribution. ☐		Additional Fee \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ST. AMAND, STANLEY C 2880 N. OAKLAND FOREST DRIVE, APT. 307 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAMON BRAYAN 2880 N. OAKLAND FOREST Drive, suite 307 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMAALI, MAHDI 2880 N. OAKLAND FOREST DRIVE., APT 307 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. AMAND STANLEY C. 2880 N. OAKLAND FOREST Drive, suite 307 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REYES, ROBERT 2880 N. OAKLAND FOREST DRIVE, APT. 307 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURSI, HATIM 2880 N. OAKLAND FOREST Drive, suite 307 FT. LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURSI, HATIM 2880 N. OAKLAND FOREST DRIVE, APT. 307 FT. LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Address for all Officer/Directors is:			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1010 Seminole Dr Suite 706 Fort Lauderdale, FL 33304-3219	TITLE NAME STREET ADDRESS 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE 		STANLEY C. ST-AMAND 06/06/03 (561)346-5353	

27/17