

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P01 000036752**

1. Entity Name

EDDY'S BAIL BONDS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 29 AM 9:46

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1465 NW N RIVER DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

4. FEI Number

65-1094078

Applied For

Not Applicable

Zip

33125

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EDUARDO CACERES

Street Address (P.O. Box Number is Not Acceptable)

1465 NW N RIVER DR

City **MIAMI**

FL

Zip Code
33125

**DO NOT WRITE
IN THIS SPACE**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PSTD

EDUARDO CACERES

1465 NW N RIVER DR

MIAMI, FL 33125

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 775-1814

Daytime Phone

Eddy's Bail Bonds, Inc.
Eduardo Caceres
1465 NW N River Drive
Miami, FL 33125

April 13, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

I didn't receive the Uniform Business Report for 2002 or notification that my corporation was to be dissolved. I only became aware of the fact my corporation was not active through my new accountant. Please reinstate my corporation. I have enclosed a check for \$300.00, the corporation reinstatement and uniform business report for my corporation to be active, per instructions received via telephone conversation, April 8th. If you need anything else, please contact me at (305) 775-1814.

Sincerely,

A handwritten signature in black ink, appearing to be 'Eduardo Caceres', with a long horizontal stroke extending to the right.

Eduardo Caceres
Eddy's Bail Bonds, Inc.