

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

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90879 028 ***150.00

DOCUMENT # PO1000057218

1. Entity Name

E B First Ave, Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5055 Collins Ave

Suite, Apt. #, etc.

12K

3. Mailing Address

PO BOX 402129

Suite, Apt. #, etc.

City & State

MB, FL

City & State

Miami Beach, FL

Zip

33140

Country

USA

Zip

33140

Country

USA

4. FEI Number

05-1122475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ernest Bogen

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

5055 Collins Ave

City

MB

FL

Zip Code

33140

**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.

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	TITLE	NAME
PRESIDENT	Ernest Bogen		
STREET ADDRESS	5055 Collins Ave #12K	STREET ADDRESS	
CITY - ST - ZIP	MB FL 33140	CITY - ST - ZIP	
VICE PRESIDENT	Jon R Becker		
STREET ADDRESS	3465 N Meridian Ave	STREET ADDRESS	
CITY - ST - ZIP	MB FL 33140	CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: Jon R Becker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

Date

305-673-6366

Daytime Phone #

CR2E034B (12/01)