


FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90165 041 ***550.00

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

| | |
|---|---|
| DOCUMENT # P01000057218 1. Entity Name EB FIRST AVENUE CORP |  |
|---|---|

DO NOT WRITE IN THIS SPACE

90142059

| | |
|---|---|
| 2. Principal Place of Business 5055 Collins Avenue Suite, Apt. #, etc. APT 12 K City & State Miami Beach, FL Zip 33140 Country | 3. Mailing Address 3465 N Meridian Ave Suite, Apt. #, etc. City & State Miami Beach, FL Zip 33140 Country |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|-----------------------------------|---|--|---|
| DO NOT WRITE IN THIS SPACE | 4. FEI Number 65-1122475 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| | 7. Name and Address of Current Registered Agent | | |
| | Name Jon Becker Street Address (P.O. Box Number is Not Acceptable) 3465 N Meridian Ave City Miami Beach FL Zip Code 33140 | | |

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 Jon Becker Jon Becker VP 7/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| | |
|--|---|
| January - 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|--|---|

| | | | |
|--|---|--|-----------------------------------|
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Bogen, Ernest 5055 Collins Ave Miami Beach, FL 33140 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Becker, Jon R 3465 N Meridian Ave Miami Beach, FL 33140 | 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 |
| 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 | |

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: Jon Becker VP 7/9/03 305-673-6388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)