

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000085904

1. Entity Name
EBENEZER ENTERPRISES, INC.

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90081 017 ***158.75

Principal Place of Business
3630 WHITEHALL DRIVE
104
WEST PALM BEACH FL 33401

Mailing Address
3630 WHITEHALL DRIVE
104
WEST PALM BEACH FL 33401



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1138723

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARROYO, ANGEL R JR.
3630 WHITEHALL DRIVE
104
WEST PALM BEACH FL 33401

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.

SIGNATURE

C

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)



FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME ARROYO, ANGEL R JR.
STREET ADDRESS 3630 WHITEHALL DRIVE, #104
CITY-ST-ZIP WEST PALM BEACH FL 33401



Delete

TITLE TD
NAME ARROYO, ANGEL R SR.
STREET ADDRESS 6954 DELLA DRIVE, #39
CITY-ST-ZIP ORLANDO FL 32819



Delete

TITLE SD
NAME SUAREZ-ARROYO, MARIA M
STREET ADDRESS 6954 DELLA DRIVE, #39
CITY-ST-ZIP ORLANDO FL 32819



Delete

TITLE D
NAME MORALES, IRMA I
STREET ADDRESS 3630 WHITEHALL DRIVE, #104
CITY-ST-ZIP WEST PALM BEACH FL 33401



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change

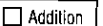


Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change

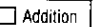


Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



Change



Addition

CR2E034 (9/01)

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 Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/2002 561-684-1904