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FILED

02 OCT 16 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000087902

1. Entity Name,
EBA INTERNET SOLUTIONS, INC.

Principal Place of Business

7134 NW 49 CT
LAUDERHILL FL 33319

Mailing Address

7134 NW 49 CT
LAUDERHILL FL 33319

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

848 NW 111 AVE

Suite, Apt. #, etc.

848 NW 111 AVE

City & State

Plantation FLORIDA

City & State

Plantation

Zip

33324

Country

USA

Zip

33324

Country

USA

6. Name and Address of Current Registered Agent

ELMALIAH, ALON

7134 NW 49 CT

LAUDERHILL FL 33319

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 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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 - May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELMALIAH, ALON 7134 NW 49 CT LAUDERHILL FL 33319	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEL, ADIR 1159 NW 39 ST ST APT 205 SUNRISE FL 33351	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/2002 954-821-0006

Date

Daytime Phone

CR2E034 (4/02)

9/10/02