

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

DOCUMENT # PD1000089598

1. Entity Name  
E E E OF SOUTH FLORIDA, INC.

**FILED**  
**Jun 30, 2002 8:00 am**  
**Secretary of State**

06-30-2002 90230 009 \*\*\*150.00

**DO NOT WRITE IN THIS SPACE**

B0126342

2. Principal Place of Business 4801 S. STATE RD. 7 DAVEE, FLORIDA 33314 Suite, Apt. #, etc.		3. Mailing Address 4801 S. STATE RD 7 DAVEE, FLORIDA 33314 Suite, Apt. #, etc.		4. FEI Number 65-1136109		Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name SCOTT M. STEWART	
Street Address (P.O. Box Number is Not Acceptable) 4801 S. STATE RD. 7	
City DAVEE, FLORIDA	FL Zip Code 33314

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  SCOTT M. STEWART VICE PRESIDENT SECRETARY 6/21/02  
(NOTE: Registered Agent signature required when reappointing)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ 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 STREET ADDRESS CITY-ST-ZIP	PD HABAYEB, ZIAD E. 4801 S. STATE RD. 7 DAVEE, FLORIDA 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD & SECRETARY STEWART, SCOTT M. 4801 S. STATE RD. 7 DAVEE, FLORIDA 33314	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/02 (954) 791-3844  
Date Daytime Phone #

CR2E034B (12/01)

**M.e.m.o.r.a.n.d.u.m**

Date: June 24, 2002

Subject: E & E of South-Florida, Inc.  
4801 S. State Rd 7  
Davie, Florida 33314

**From:**

Name: SCOTT M. STEWART  
Phone number: 954-791-3844  
E-mail: SCOTLADDE@aol.com

Typist's initials:

**To: DEPARTMENT OF CORPORATIONS  
UBR FILINGS**

Name: STEVE  
CC:

☒ Enclosures

☒ Attachments

Notes: Dear Steve,

Pursuant to our conversation and the above captioned, I  
never received the forms in the mail. Per your request, I  
downloaded the information from the Internet and am  
submitting it now. I am a new business owner and there  
have been some <sup>problems</sup> with me receiving my mail timely if at all.  
I apologize for any inconvenience. Please find-enclose a  
check for \$150.00 for the renewal of the corporation.

Attachment  
Document #  
P01000089598  
B0126342

