


02-05-2003 90180 033 ***150.00

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

DOCUMENT # P02000067354
 1. Entity Name
EBA Real Estate Investments, Inc. 

DO NOT WRITE IN THIS SPACE

22003418

2. Principal Place of Business
1843 SW 31 Avenue
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 268014
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Park, FL City & State
Weston, FL

4. FEI Number
02-0617542 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
33009 Country
USA

Zip
33326 Country
USA

7. Name and Address of Current Registered Agent

Name
Matthew T. STAAB

Street Address (P.O. Box Number is Not Acceptable)
4177 Staghorn Lane

City
Weston FL Zip Code
33331

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Matthew T. Staab DATE: 2/3/03

Signature typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - 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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DPVST Elizabeth S. Bonaduce-Staab 4177 Staghorn Lane Weston, FL 33331</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Maria B. Bonaduce 1384 Victoria Isle Drive Weston, FL 33327</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>D Ana M. Bonaduce 8442 SW 137 Street Miami, FL 33158</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: Elizabeth Bonaduce-Staab ELIZABETH BONADUCE-STAAB 2/3/03 (954) 349-4474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)