

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90124 035 ***150.00

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DOCUMENT # P02000089043

1. Entity Name

EAGLE DETAIL SERVICES, INC.



Principal Place of Business

18101 NW 49TH AVE.

OPA LOCKA FL 33055

Mailing Address

18101 NW 49TH AVE.

OPA LOCKA FL 33055

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

16-1622682

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LENCINA, EDUARDO R

18101 NW 49TH AVE.

OPA LOCKA FL 33055

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

Eduardo Lencina
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-17-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **ENCINA, EDUARDO R**
STREET ADDRESS **18101 NW 49TH AVE.**
CITY-ST-ZIP **OPA LOCKA FL 33055**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PEREZ, OTTO H**
STREET ADDRESS **18101 NW 49TH AVE.**
CITY-ST-ZIP **OPA LOCKA FL 33055**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eduardo Lencina
Signature and typed or printed name of signing officer or director

Date

7/17/03 786-227-7765
Daytime Phone #

CR2E034 (4/03)

Attachment
90145016
P02000089043

July 17, 2003

To: Florida Department Of State
Division Of Corporation

From: Eagle Detail Services, Inc.
18101 NW 49th Ave
Miami, FL 33055

To Whom It May Concern:

This is to inform this is the first Uniform Business Report That we have received as of today; we called to speak with someone there following instructions a recorded message told us to send a letter of explanation on this matter with a check in the amount of \$ 150.00 US dollars.

At this time we cannot understand why we never received the first one if it was mailed to us.

Thank you,


Eduardo R. Lencina