

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

2003

DOCUMENT # P 02000 111533

1. Entity Name

E & A ENTERPRISES of South
Florida, Inc.



FILED

03 APR 28 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

472 W 51 PL

Suite, Apt. #, etc.

3. Mailing Address

110 Royal Palm Rd

Suite, Apt. #, etc.

219

City & State

Hialeah, FL

Zip
33012

Country
USA

City & State

Hialeah Gardens, FL

Zip
33016

Country
USA

4. FEI Number

61-1428733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CASAS, ELEAZAR

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

110 Royal Palm Rd # 219

City

Hialeah Gardens

FL

Zip Code

33016

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

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
P
ELEAZAR CASAS
110 ROYAL PALM RD #219
Hialeah Gardens, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
THELMA RODRIGUEZ
2347 WEST 69 ST
Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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500017175245
04/28/03--01015--011 **150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03
Date

305-824-1220
Daytime Phone #

CR2E034B (12/02)