## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P9200005663 May 24, 2000 8:00 am Secretary of State EAGLE #3 CORP. GAS STATION 05-24-2000 90009 019 \*\*\*150.00 Mailing Address Principal Place of Business 5033 NW 7TH STREET 2201 NW 62 ST. MIAMI FL 33147 NO. 502 MIAMI FL 33126-3420 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number City & State 65-0368998 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALVAREZ-GOMEZ, FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 5033 NW 7TH STREET NO. 502 MIAMI FL 33126 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 . 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE TITLE ☐ Delete NAME ALVAREZ-GOMEZ, FRANCISCO STREET ADDRESS STREET ADDRESS 4790 N.W. 7TH STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33126** Change Addition Delete TITLE TITLE NAME CARBAJALES, CEFERINO NAME STREET ADDRESS STREET ADDRESS 4699 N.W. 183RD STREET CITY-ST-ZIP CITY-ST-ZIP OPA LOCKA FL 33055 \_\_\_\_\_.Change\_\_\_\_. \_\_\_\_ Addition. Delete TITLE TITLE M\_\_\_\_\_ \_\_\_ \_\_ NAME CABRERA, SILVIA NAME STREET ADDRESS STREET ADDRESS 7231 BAMBOO STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL [] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 subclemental 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 reference or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment and an address, with all other like empowered.

SIGNATURE:

FRANCISCO ALVAREZ GOHEL

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-2000

(305)443-0152

Date

Daytime Phone #