

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90253 017 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 93000028669
 1. Entry Name
E & E Automotive Distributors, Inc.

Principal Place of Business: 5130 NW 15th St Bay G
Maryate, Florida
33063
 Mailing Address: 5130 NW 15th St Bay G
Maryate, Florida
33063

A0068534

2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEl Number <u>65-0419848</u>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$81.75 Additional Fees Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent		Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

8. The above named entry 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 date if applicable) (NOT FOR REGISTERED AGENT; SIGNATURE REQUIRED FOR CHANGING)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. Fee will be \$500.00
 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <u>President</u>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <u>Edward Epstein</u>		NAME:	
STREET ADDRESS: <u>10061 NW 50th MAN</u>		STREET ADDRESS:	
CITY-ST-ZIP: <u>Coconut Springs Florida 33076</u>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that any 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 Block 12 if charged, or on an attachment with an address, with all other like on powered

SIGNATURE: Edward Epstein - President 4/30/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER & OFFICER OR DIRECTOR

CR2034 (11/00)