

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000019345

1. Entity Name

CHRIS EISDORFER & ASSOCIATES, INC.

FILED

Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90187 006 ***150.00

Principal Place of Business

2121 NORTHEAST 208TH STREET
MIAMI FL 33179

Mailing Address

2121 NORTHEAST 208TH STREET
MIAMI FL 33179

00035595



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0471193

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISDORFER, CHRIS
2121 NORTHEAST 208TH STREET
MIAMI FL 33179

Name: Marty L. Rub
Street Address (P.O. Box Number is Not Acceptable): 4000 Hollywood Blvd
Ste 755-South
City: Hollywood FL Zip Code: 33021

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, type or printed name of registered agent, and title if applicable.

Marty L. Rub

(NOTE: Registered Agent signature required when reinstating)

4-2-01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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: D ☐ Delete
NAME: EISDORFER, CHRIS
STREET ADDRESS: 2121 NORTHEAST 208TH STREET
CITY-ST-ZIP: MIAMI FL 33179

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

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CITY-ST-ZIP: ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS EISDORFER, Director

Date

Daytime Phone #

4-3-01

CR2E034 (10/00)