

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035890

1. Entity Name

EYR CORPORATION

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90095 050 ***158.75

Principal Place of Business

2324 NW 5TH AVENUE
MIAMI FL 33127
US

Mailing Address

2324 NW 5TH AVENUE
MIAMI FL 33127-4310
US

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

65-0498220

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FULLER, DEANNA
2321 NW 5TH AVE.
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name

FULLER, DEANNA

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

2324 NW 5TH AVE

City

MIAMI

FL

Zip Code

33127

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

Deanna Fuller

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

(NOTE: Registered Agent signature required when reinstating)

2/16/00

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, 2000 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

TITLE **TD** ☐ Delete
NAME **BECHAINOU, DEANNA F**
STREET ADDRESS **1428 BRICKELL AVENUE, 6TH FL**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **P** ☒ Delete
NAME **CAAN, ROBERTO**
STREET ADDRESS **1428 BRICKELL AVENUE., 6TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BECHAINOU, DEANNA F.**
STREET ADDRESS **2324 NW 5TH AVE**
CITY-ST-ZIP **MIAMI, FL. 33127**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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 life empowered.

SIGNATURE:

Deanna Fuller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00

Date

305-576-0884

Daytime Phone #

CR2E034 (9/99)