

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90236 020 ***150.00

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

DOCUMENT # P94000044638
 1. Entity Name
 EASTBORNE II CORPORATION

660530

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4901 N Federal Hwy Suite, Apt. #, etc. Ste 100 City & State Ft Lauderdale, FL Zip 33308		3. Mailing Address 4901 N Federal Hwy Suite, Apt. #, etc. Ste 100 City & State Ft Lauderdale, FL Zip 33308	
Country USA	Country USA	4. FEI Number 65-0499646	

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Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of Current Registered Agent

Name
Barber, Kenneth T.
 Street Address (P.O. Box Number is Not Acceptable)
4901 N Federal Hwy Ste 100
 City
Ft Lauderdale FL Zip Code
33308

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 *Kenneth T Barber* DATE 4-29-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kenneth T Barber 4901 N Federal Hwy #100 Ft Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Joseph Schwartz 4901 N Federal Hwy #100 Ft Lauderdale, FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other officers empowered.

SIGNATURE: *Kenneth T Barber* DATE 4-29-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #