## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # P9400045332  1. Entity Name EEC IMPORTS, INC.				Secretary of State 01-27-2002 90046 032 ***150.00
Principal Place of Business 4548 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308		Mailing Address 4548 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308		
2. Principal Place of Business		3. Mailing Address		LIBRINGS HE SENT STEN BRIN SHIP BRIN SHIP STEN SHOE THIS HER ISSUED
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 65-0499773 Applied For Not Applied be
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent
and a second	many of a separate many and a second of the		Name	
BISHINS, LARRY V 4548 NORTH FEDERAL HIGHWAY			Street Address	ess (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE FL 33308-5271			City	FL Zip Code
				istered agent, or both, in the State of Florida.
Tax filing	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so, aria on back)	FILE NOW!	E: Registered Agent signature requi !! FEE IS \$150.00 02 Fee will be \$550.00 ole to Department of S	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
11.	OFFICERS AND E	DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BISHINS, LARRY V 4548 NORTH FEDERAL HIGHWAY FT. LAUDERDALE FL 33308-5271	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHATZ, RANDEE S 220 SUNRISE AVENUE, SUITE 20 PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
indicated of the cor	d on this report or supplemental report is:	true and accurate and that r wered to execute this report	ny signature shall have th as required by Chapter 6	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if