

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048224

1. Entity Name

EIFFO, INC.

FILED

Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90028 009 ***150.00

Principal Place of Business

Mailing Address

1367 LYONS ROAD
COCONUT CREEK FL 33063
US

1367 LYONS ROAD
COCONUT CREEK FL 33063-3908
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0519862

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

SHEEHY, FRANCES D
1367 LYONS ROAD
COCONUT CREEK FL 33063

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VPDS
NAME COFFIE, CALTON
STREET ADDRESS 11860 TARA
CITY-ST-ZIP PLANTATION FL 33323 ☐ Delete

TITLE
NAME P.O. BOX 550487 ☒ Change ☒ Addition
STREET ADDRESS FORT LAUDERDALE
CITY-ST-ZIP FLORIDA 33355

TITLE VPD
NAME COFFIE, SHARON
STREET ADDRESS 11860 TARA
CITY-ST-ZIP PLANTATION FL 33323 ☐ Delete

TITLE
NAME P.O. BOX 550487 ☒ Change ☐ Addition
STREET ADDRESS FORT LAUDERDALE
CITY-ST-ZIP FLORIDA 33355

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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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: Sharon Coffie SHARON COFFIE 2-5-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #