

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90014 009 ***150.00

DOCUMENT # P95000009150

1. Entity Name
EBEN ETZER AUTO SALES INC.

Principal Place of Business

7100 N.E. 2ND AVE.
 MIAMI FL 33137

Mailing Address

7100 N.E. 2ND AVE.
 MIAMI FL 33137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Eben-Etzer Auto Sales, Inc.
 Suite, Apt. #, etc.

7100 N.E. 2nd Ave

City & State

Miami, FL

Zip

33138

Country

DA De

3. Mailing Address

Eben-Etzer Auto, Sales Inc.
 Suite, Apt. #, etc.

7100 N.E. 2nd Ave

City & State

Miami, FL

Zip

33138

Country

DA De

4. FEI Number **65-0596978**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALZENORD, GINETTE S
1101 N.E. 80TH STREET
APT. 108
MIAMI FL 33137

7. Name and Address of New Registered Agent

Name **Ginette S. Alzenord**

Street Address (P.O. Box Number is Not Acceptable)
420 N.E. 147 terrace

City **North Miami**

FL

Zip Code **33161**

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 _____ (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, 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

TITLE	PM	<input type="checkbox"/> Delete
NAME	ALZENORD, GINETTE S	
STREET ADDRESS	1101 N.E. 80TH ST. APT. 108	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	ALZENORD, DIEUVER	
STREET ADDRESS	1101 N.E. 80TH ST. APT. 108	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input type="checkbox"/> Delete
NAME	SYLVAIN, JULSON	
STREET ADDRESS	1101 N.E. 80TH ST. APT. 108	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alzenord, Ginette S	
STREET ADDRESS	420 N.E. 147 terrace	
CITY-ST-ZIP	North Miami, FL. 33161	
TITLE	VPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alzenord, Dieuver	
STREET ADDRESS	420 N.E. 147 terrace	
CITY-ST-ZIP	North Miami, FL. 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE **Ginette Alzenord**
 SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **03/13/01** Daytime Phone # **(305) 754-5400**

CR2E034 (10/00)