

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90392 004 ***150.00

DOCUMENT # P95000066964

1. Entity Name
EAGLE LIQUIDATORS, INC.

Principal Place of Business

215 PINEDA ST
 UNIT #181
 LONGWOOD FL 32750
 US

Mailing Address

215 PINEDA ST
 UNIT #181
 LONGWOOD FL 32750
 US

00044241



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3730 NW 54 Street
 Suite, Apt. #, etc.

3. Mailing Address

3730 NW 54 Street
 Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

4. FEI Number

65-0606351

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

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

MARCHALL, KURT
 3730 NW 54 ST
 MIAMI FL 33142

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
 NAME MARSHALL, ERIC
 STREET ADDRESS 215 PINEDA ST #181
 CITY-ST-ZIP LONGWOOD FL 32750

TITLE ST ☒ Change ☐ Addition
 NAME Eric Marshall
 STREET ADDRESS PMB 147-380 South SR 434 Stc 1004
 CITY-ST-ZIP Altamonte Springs FL 32714

TITLE DVP ☐ Delete
 NAME MARSHALL, KURT
 STREET ADDRESS 6886 NW 35 AVE
 CITY-ST-ZIP MIAMI FL 33147

TITLE President ☒ Change ☐ Addition
 NAME Kurt Marshall
 STREET ADDRESS 3730 NW 54 street
 CITY-ST-ZIP Miami FL 33142

TITLE VP ☐ Delete
 NAME VALENICA, JULIO
 STREET ADDRESS 3730 NW 59 ST
 CITY-ST-ZIP MIAMI FL 33142

TITLE V.P. ☒ Change ☐ Addition
 NAME Julio Valenica
 STREET ADDRESS 3730 NW 54 street
 CITY-ST-ZIP Miami FL 33142

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 like empowered.

SIGNATURE:

Eric Marshall
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

Date

Daytime Phone #

CR2E034 (10/00)