

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076489

1. Entity Name

E E TRADE GROUP INTERNATIONAL INC.

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90084 035 \*\*\*150.00

719315



DO NOT WRITE IN THIS SPACE

Principal Place of Business 13910 S.W. 71ST LANE MIAMI FL 33183	Mailing Address 13910 S.W. 71ST LANE MIAMI FL 33183
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2. Principal Place of Business 491 MELROSE HEIGHTS ST Suite, Apt. #, etc.	3. Mailing Address 10300 SUNSET DRIVE STE 135 Suite, Apt. #, etc.
City & State HENDERSON NV	City & State MIAMI FL
Zip 89052	Country USA

4. FEI Number 65-0625744	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent EAVES, ELENA 13910 SW 71ST LANE MIAMI FL 33183
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7. Name and Address of New Registered Agent Name NANCY G. PASTROFF Street Address (P.O. Box Number is Not Acceptable) 10300 SUNSET DRIVE, STE 135 City MIAMI FL Zip Code 33173
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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 <u>Nancy G. Pastroff</u> NANCY G. PASTROFF 2/13/01 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <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	PSTD EAVES, ELENA S 13910 S.W. 71ST LANE MIAMI FL 33183 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 491 MELROSE HEIGHTS STREET HENDERSON NV 89052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 my address, with all other like empowered.	
SIGNATURE: <u>Elena S. Eaves</u> Signature and typed or printed name of signing officer or director	2/13/01 (702) 595-3275 Date Daytime Phone #

CR2E034 (10/00)