2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 15, 2001 8:00 am DOCUMENT # P9600004736 **Secretary of State** 1. Entity Natice E.B.B. INVESTORS, INC. 02-15-2001 90058 025 ***150.00 Principal Place of Business Mailing Address 1401 UNIVERSITY DRIVE 1401 UNIVERSITY DRIVE ~~~, SUITE 301 SUITE 301 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address 3495 SW 9th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0637999 Ft. Lauderdale, FL 33315 Not Applicable Zip. Zip Country USA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Blanca Garcia HUME, JOHN Street Address (P.O. Box Number is Not Acceptable) 1401 UNIVERSITY DRIVE SUITE 301 3495 SW 9th Avenue **CORAL SPRINGS FL 33071** Zip Code 3331<u>5</u> Ft. Lauderdale 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. - 🙀 Change TITI F TITLE Delete De PЪ HUME, JOHN NAME NAME 1401 UNIVERSITY DRIVE STE 301 STREET ADDRESS Andres Finol STREET ADDRESS CORAL SPRINGS FL CITY-ST-ZIP 3495 SW 9th Avenue, Ft. Lauderdale, FL 333 CITY-ST-71P Change TITLE Delete TITLE NAME NAME Blanca Garcia STREET ADDRESS STREET ADDRESS 3495 SW 9th Avenue CITY-ST-7/P -CITY-ST-ZIP_ Et. Lauderdale, FL 33315 ☐ Chance Addition TITLE Delete TITLE Ässt. S. NAME NAME Jennifer Shaw STREET ADDRESS STREET ADDRESS 4401-University Drive #301 CITY-ST-ZIP CITY-ST-ZIP Coral Springs, FL 33071 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filting 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 of tuestee employed 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 the address with the employered. changed, or on an attachment with a