

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
 04-17-2000 90056 013 ***150.00

DOCUMENT #
 Entity Name **P96000032371**
Eagle Arms & Military Collectibles, Inc.

Principal Place of Business **Mailing Address**
 14123 S. Dixie Hwy. 14123 S. Dixie Hwy.
 Miami, Fl. 33176 Miami, Fl. 33176

938738

Principal Place of Business **3. Mailing Address**
 14123 S. Dixie Hwy. 14123 S. Dixie Hwy.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Miami, Fl. Miami, Fl.
 Zip Zip
 33176 33176

4. FEI Number **Applied For**
 65-0659764 ☐ **\$8.75 Additional Fee Required**
 Not Applicable

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**

Barbara Austin
 22172 SW 98 Ct.
 Miami, FL. 33190

Name
Manuel Rodriguez
Street Address (P.O. Box Number is Not Acceptable)
 6619 SW 42 Street
City **FL** **Zip Code**
 Miami 33155

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.

Manuel Rodriguez President
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-10-00
 DATE

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 **\$5.00 May Be Added to Fees**
 Trust Fund Contribution. ☐

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

President <input checked="" type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Barbara Austin	NAME	Manuel Rodriguez
22172 SW 98 Ct.	STREET ADDRESS	6619 SW 42 Street
Miami, Fl. 33190	CITY-ST-ZIP	Miami, Fl. 33155
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
<input type="checkbox"/> Delete	STREET ADDRESS	
	CITY-ST-ZIP	
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
<input type="checkbox"/> Delete	STREET ADDRESS	
	CITY-ST-ZIP	
<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	NAME	
<input type="checkbox"/> Delete	STREET ADDRESS	
	CITY-ST-ZIP	

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: **Manuel Rodriguez/ President** **4-10-00** **305-234-8446**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)