

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90056 013 \*\*\*150.00

**938738**

DO NOT WRITE IN THIS SPACE

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

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

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

**4. FEI Number** 65-0659764  
 Applied For  Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Barbara Austin  
 22172 SW 98 Ct.  
 Miami, FL. 33190

**7. Name and Address of New Registered Agent**  
 Name: Manuel Rodriguez  
 Street Address (P.O. Box Number is Not Acceptable): 6619 SW 42 Street  
 City: Miami, FL Zip Code: 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.

**SIGNATURE:** Manuel Rodriguez President  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
 DATE: 4-10-00

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>President</b> <input checked="" type="checkbox"/> Delete <b>Barbara Austin</b> 22172 SW 98 Ct. Miami, Fl. 33190	<input type="checkbox"/> Delete	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Manuel Rodriguez</b> 6619 SW 42 Street Miami, Fl. 33155	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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)