## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM DOCUMENT # P9600068090 1. Entity Name **Secretary of State** ELDORADO MANAGMENT LIMITED, INC. Principal Place of Business Mailing Address 2340 GRIFFIN RD 2340 GRIFFIN RD DANIA BEACH FL DANIA BEACH FL33312 33312 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0693311 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEBORAH 2340 GRIFFIN RD Street Address (P.O. Box Number is Not Acceptable) DANIA BEACH FL33312 City 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. 04/27/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ST TITLE ☐ Delete TITLE ST ☐ Addition CR2E034 (11/00) X Change SMITH RICHARD MAME NAME BRUNS DEBORAH 2340 GRIFFIN RD STREET ADDRESS STREET ADDRESS 2340 GRIFFIN RD FL 33312 CITY-ST-ZIP DANIA BEACH CITY-ST-ZIP DANIA BEACH ☐ Delete $\mathbf{v}$ TITLE ☐ Change NAME SMITH SAMANTHA W NAME STREET ADDRESS 2340 GRIFFIN RD STREET ADDRESS CITY-ST-ZIP DANIA BEACH FL 33312 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition SMITH DEBORAH NAME STREET ADDRESS 2340 GRIFFIN RD STREET ADDRESS CITY-ST-ZIP DANIA BEACH 33312 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

PRES

04/27/2001

Daytime Phone #

Date

DEBORAH J. SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_