

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082374

1. Entity Name

E.I.B. BROKERS, INC.

FILED

Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90048 025 \*\*\*150.00

Principal Place of Business

Mailing Address

1180 WEST 33RD STREET  
HIALEAH FL 33012

1180 WEST 33RD STREET  
HIALEAH FL 33012-4934

2. Principal Place of Business

3. Mailing Address

1250 NW 25 ST  
Suite, Apt. #, etc.  
#114

SAME  
Suite, Apt. #, etc.

City & State

City & State

MIAMI FL

Zip  
33172

Country  
MIAMI-DADE

Zip

Country

4. FEI Number

65-0851233

Applied For

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

BACALLAO, ISABEL  
1180 WEST 33RD STREET  
HIALEAH FL 33012

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME BACALLAO, ISABEL  
STREET ADDRESS 1180 WEST 33RD STREET  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CAMPILLO, HILDA  
STREET ADDRESS 1180 WEST 33RD STREET  
CITY-ST-ZIP HIALEAH FL 33012

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

*Isabel C. Bacallao* **RECEIVED** **ISABEL C. BACALLAO** **PRESIDENT** **1/7/2000** **(305) 594-1105**  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR