

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088829

1. Entity Name

EDWARD W. EASTON CORP.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90055 014 ***150.00

Principal Place of Business

Mailing Address

300 GRECO AVENUE
 CORAL GABLES FL 33146

300 GRECO AVENUE
 CORAL GABLES FL 33146-1811

2. Principal Place of Business

10165 NW 19 STREET

Suite, Apt. #, etc.

3. Mailing Address

10165 NW 19 STREET

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0727102

Applied For

Not Applicable

Zip

33172

Country

Zip

33172

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BABCOCK, CALVIN H
 300 GRECO AVENUE
 CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name

EASTON, EDWARD W.

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

10165 NW 19 STREET

City

MIAMI, FLORIDA

FL

Zip Code

33172

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

Edward W. Easton

04/07/2000

DATE

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
 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

TITLE	CDP	<input type="checkbox"/> Delete
NAME	EASTON, EDWARD W	
STREET ADDRESS	300 GRECO AVENUE	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CDP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EASTON, EDWARD W.	
STREET ADDRESS	10165 NW 19 STREET	
CITY-ST-ZIP	MIAMI, FLORIDA 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward W. Easton

04/07/2000 (305) 593-2222

Date

Daytime Phone #

CR2E034 (9/99)