

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017780

1. Entity Name

EAGLE ENTERPRISES OF MIAMI, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90012 022 ***158.75

Principal Place of Business

Mailing Address

~~1475 NE 121 ST #C201~~
~~NORTH MIAMI BEACH FL 33161~~

~~1475 NE 121 ST #C201~~
~~NORTH MIAMI BEACH FL 33161-6552~~

2. Principal Place of Business

3. Mailing Address

245 SE 1 STREET

245 SE 1 STREET

Suite, Apt., #, etc.

Suite, Apt., #, etc.

SUITE 316

SUITE 316

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33131

USA

33131

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TELLES, LUIS ARNALDO

LUIS ARNALDO TELLES

~~1475 NE 121 ST #C201~~
~~NORTH MIAMI BEACH FL 33161~~

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

245 SE 1 STREET

SUITE 316

City

MIAMI

FL

Zip Code

33131

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

\$158.75

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME TELLES, LUIS ARNALDO
STREET ADDRESS ~~1475 NE 121 ST #C201~~
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE PSTD
NAME TELLES, LUIS ARNALDO
STREET ADDRESS 245 SE 1 STREET # 316
CITY-ST-ZIP MIAMI, FL 33131

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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 REQUIRED

TELLES, LUIS A. 04/10/00 (305) 368-3245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #