

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90496 001 \*\*\*150.00

DOCUMENT # **P97000033560** ✓

1. Entity Name

**EBM System Export, Inc**

Principal Place of Business

**6595 NW 36 St. #311 Miami, FL 33166**

Mailing Address

**9906 NW 41 Street Miami, FL 33178**

**00069331**

2. Principal Place of Business

**10885 NW 50 St.**

3. Mailing Address

**301 Almeria Ave**

Suite, Apt. # etc.

**Suite # 303**

Suite, Apt. #, etc.

**Suite # 3**

City & State

**Miami, FL**

City & State

**coral Gables, FL**

4. FEI Number

**65-0743791**

Applied For

Not Applicable

Zip

**33178**

Country

**Dade**

Zip

**33134**

Country

**Dade**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Villate, Fanny L.  
 10885 NW 50 St. # 303  
 Miami, FL 33178**

7. Name and Address of New Registered Agent

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

*Fanny Villate R*

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, 2001 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>Villate, Fanny L</b>	
STREET ADDRESS	<b>10885 NW 50 St. # 303</b>	
CITY-ST-ZIP	<b>Miami, FL 33178</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>Rodriguez, Gabriel</b>	
STREET ADDRESS	<b>10885 NW 50 St. # 303</b>	
CITY-ST-ZIP	<b>Miami, FL 33178</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: *x Fanny Villate R*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)