

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 04, 2000 8:00 am  
Secretary of State

03-04-2000 90014 014 \*\*\*150.00

DOCUMENT # P97000033727

1. Entity Name

EBENDINGER CORPORATION

Ebendinger Corp  
80 SW 8th Street  
Suite 2037  
Miami, FL 33130

Principal Place of Business

9655 SO DIXIE HWY #215  
PINECREST FL 33156

Mailing Address

9655 SO DIXIE HWY #215  
PINECREST FL 33156-2813

2. Principal Place of Business

80 SW 8 ST

Suite, Apt. #, etc.

2037

City & State

MIAMI FL

Zip

33130

Country

USA

3. Mailing Address

80 SW 8 ST

Suite, Apt. #, etc.

2037

City & State

MIAMI FL

Zip

33130

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0744662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEISECA, EDUARDO EA  
9655 SO DIXIE HWY # 113  
MIAMI FL 33154

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	EBENDINGER, EDUARDO W	9655 SO DIXIE HWY # 113	MIAMI FL 33154	<input type="checkbox"/>
D	GUIMARAES MACHADO, MARCELLO	9655 SO DIXIE HWY # 113	MIAMI FL 33154	<input type="checkbox"/>
D	GUIMARAES, MARILIA C	9655 SO DIXIE HWY # 113	MIAMI FL 33154	<input type="checkbox"/>
D	GIMARAES MACHADO, EDUARDO F	9655 SO DIXIE HWY # 113	MIAMI FL 33154	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		80 SW 8 ST # 2037	MIAMI FL 33130	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		80 SW 8 ST # 2037	MIAMI FL 33130	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		80 SW 8 ST # 2037	MIAMI FL 33130	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		80 SW 8 ST # 2037	MIAMI FL 33130	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

CR2E034 (9/99)