

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

NR0126 AV

DOCUMENT # P97000041814

1. Entity Name
MIAMI EAGLE DRIVE SERVICE, INC.

02-26-2002 90104 037 ***150.00

Principal Place of Business
**141 E. 4TH ST
 HIALEAH FL 33010**

Mailing Address
**P. O. BOX 277531
 MIRAMAR FL 33027**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
431 HIALEAH DRIVE

3. Mailing Address
 Suite, Apt. #, etc.

City & State
HIALEAH, FLA

City & State

Zip
33010

Country
USA

Zip

Country

4. FEI Number **65-0744305**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, EDUARDO
 14280 SW 36 CT
 MIRAMAR FL 33027**

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 _____ 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.

FILE NOW!!! FEE IS \$150.00
~~After May 1, 2002, 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	P	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, EDUARDO	
STREET ADDRESS	14280 SW 36 CT	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	T	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MAGALY	
STREET ADDRESS	14280 SW 36 CT	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, EDUARDO E	
STREET ADDRESS	14280 SW 36 CT	
CITY-ST-ZIP	MIRAMAR FL 33027	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Eduardo Rodriguez* **EDUARDO RODRIGUEZ** 2-12-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

305-345-6567
Daytime Phone #

CR2E034 (9/01)