


2001 UNIFORM BUSINESS REPORT (UBR)

PROFIT CORPORATION ANNUAL REPORT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000087435 <small>1. Corporation Name</small> EBANO, INC.		FILED NOV 30 PM 3:02 NOTE: Please change address for: 1) Principal Place of Business 2) Mailing; and 3) Registered Agent	
Principal Place of Business 2722 Ponce De Leon Blvd. Coral Gables, FL. 33134		Mailing Address 2722 Ponce De Leon Blvd. Coral Gables, FL. 33134	
2. Principal Place of Business 21 1855 Griffin Road Suite, Apt. #, etc. Suite # B390		2a. Mailing Address 26 1855 Griffin Road Suite, Apt. #, etc. Suite # B390	
City & State 23 Dania Beach, Florida		City & State 28 Dania Beach, Florida	
Zip 33004 Country		Zip 33004 Country	
3. Date Incorporated or Qualified 10/09/1997		3a. Date of Last Report 05/19/2000	
4. FEI Number 65-0812227		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing -Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent Martinez, Eduardo A. 2722 Ponce De Leon Blvd. Coral Gables, Florida 33134		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1855 Griffin Road 83 Suite # B390 84 City Dania Beach FL 33004	
11. Pursuant to the provisions of Sections 607.0502 and 607.1408, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, if the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE NAME Martinez, Eduardo A. STREET ADDRESS 2722 Ponce De Leon Blvd. CITY-ST-ZIP Coral Gables, Florida 33134		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1855 Griffin Road, Suite # B390 1.3 STREET ADDRESS Dania BEach, Florida 33004 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		11/20/2001 <small>Date Daytime Phone #</small>	

**EBANO, INC.
1855 GRIFFIN ROAD
SUITE #8390
DANIA BEACH, FLORIDA 33004**

November 20, 2001

Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement due to Non-Receipt of UBR
Document #: P97000087435
Corporation Name: Ebano, Inc.
FEI No.: 65-0812227

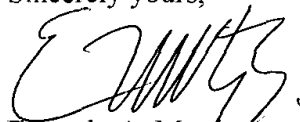
Dear Sirs:

I, Eduardo A. Martinez, the undersigned, and Director / Registered Agent of the above named corporation was unable to file the UBR in a timely manner because I never received the 2001 UBR form your office mails out.

Please be advised that as soon as it came to my attention I notified your office and they advised me to write this letter explaining the reason for non-filing, a completed UBR (enclosed) and a check in the amount of \$150.00 for the fee due (enclosed).

If you should have any questions, please contact me and let me know.

Sincerely yours,



Eduardo A. Martinez
Director / Registered Agent