

2001 UNIFORM BUSINESS REPORT (UBR)

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

05-24-2001 90321 007 ***150.00

553240

DO NOT WRITE IN THIS SPACE

DOCUMENT # **P97000089950**

1. Entity Name:
E.F. Holdings, Inc.

Principal Place of Business: **250 Valencia Ave. Coral Gables, FL 33134**

Mailing Address: **250 Valencia Ave. Coral Gables, FL 33134**

2. Principal Place of Business: **1828-B N. University Dr**

3. Mailing Address: **1828-B N. University Dr**

Suite, Apt. #, etc.

City & State: **Plantation, FL**

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Zip: **33322** Country: **USA**

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4. FEI Number: **65-0795439**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

George Miller
250 Valencia Avenue
Coral Gables, FL 33134

7. Name and Address of New Registered Agent

Name: **George Miller**

Street Address (P.O. Box Number is Not Acceptable): **1828-B N. University Dr.**

City: **Plantation** FL Zip: **33322**

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, 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	PD	<input type="checkbox"/> Delete
NAME	Miller, George	
STREET ADDRESS	250 Valencia Ave.	
CITY-ST-ZIP	Coral Gables, FL 33134	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	Berkowitz, Joel	
STREET ADDRESS	303 Ivy Lane	
CITY-ST-ZIP	Weston, FL 33326	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Hennessy, David	
STREET ADDRESS	22481 Pleasant Park Rd.	
CITY-ST-ZIP	Conifer, CO 80433	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Coley, William O.	
STREET ADDRESS	233 Tradewind Drive	
CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE		<input type="checkbox"/> Delete
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Miller, George	
STREET ADDRESS	1828-B N. University Dr	
CITY-ST-ZIP	Plantation, FL 33322	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hennessy, David	
STREET ADDRESS	11873 Spring Rd, Sk #10	
CITY-ST-ZIP	Conifer, CO 80433	
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		
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, as officer or director of the corporation or the receiver or trustee empowered to execute this report, signed this report, 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 (11/00)