## 2000 UNIFORM BUSINESS REPORT (UBR) 3/2/00-90022-036-\$150.00-\$150.00

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DOCUMENT # P98000077089  1. Entity Name										
EUGENE TIMMONS. INC.						Francisco Constantino				
Principal Place of Business Mailing Address					7	OO MAD	20 PH	1.11		
12900 SOUTHW SUITE 206-B MIAMI FL 33175	Test 43rd Drive	12800 SOUTHWEST 43RD DRIVE SUITE 206-B MIAMI FL 33175-4100				0.55	ZU FM VSSEF FF		HIND SOUN FOR BE	
2. Principal P	ace of Business	3. Mailing Address			1					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				FEI #65-	WRITE IN THIS	SPACE		
City & State		City & State			4. F	El Number APPLIE	D.FOR	Ar	plied For of Applicable	]
Zip	Country	Zip	Country		-	Certificate of Status Desi	red 🗌	\$8.75 Add		
<u> </u>	6. Name and Address of Current R	legistered Asent	L	<del>                                     </del>	7 N	lame and Address of N	ew Registered			1
	6. Haine and Address of Current H	adistrien when:		Name	7. 11	Idillo Allo Addison of the	on regiono.ve	- Guit		1
TIMMONS, EUGINE				1	(P.O. B	ox Number is Not Accep	rtable)		<u></u>	
12800_SOUTHWEST 43RD DRIVE SUITE 206-B										
MIAN	AI FL 33175			City		· · · · · · · · · · · · · · · · · · ·	FI	Zip Cod	ə	
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or registe	ered age	ent, or both, in the State	of Florida.			
	~'		/							
SIGNATURE	Signature, typed or printed name of registered agent an	nd title il applicable (NOTI	. Registere	ed Agent signature require	ad when re	instating)	DATE		<del></del> .	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00						10. Election Campaig	n Financino	\$5.0	O May Be	
Tax filing requirement and elects to do so After MAY 1,				will be \$550.00		Trust Fund Contri		☐ Added	to Fees	
		Make Check Payat		<u> </u>	1		OFFIGERS AND	D DIOCCTOR	C INI 4 s	1
11.	OFFICERS AND D		12.		AD	DITIONS/CHANGES TO	OFFICERS AN	Change	Addition	100
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CITY-ST-ZIP	MIAMI FL 33175		CIT	Y-ST-ZIP						CR2E034 (9/99)
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NAME	TIMMONS, EUGENE	,	NAM	l l						
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TITLE	MIAMI FL 33175	☐ Oelete	TITL				<u> </u>	☐ Change	Addition	1
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NAME	•	Ugicio	NAN	ľ					_	
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STREET ADDRESS				EET ADDRESS Y-ST-ZIP		18				
CITY-ST-ZIP	partify that the information quantical with	this filing does not quality fo	the eve	emotion stated in S	Section	119 07(3)(i). Florida Stati	utes. I further ce	ertify that the i	nformation	1
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.										
SIGNAT	URE: <u>ะเชื่อกิ</u> ลได้เป็น	Inhone Gu	ren	MIn	m	ous 2/2	100	Daylime Phone #		
<b>)</b>	SKAMATURE AND TYPED ON PR	IINTED NAME OF SIGNING OFFICER	)PR DIREC				,			1