

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 FEB 16 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003791

1. Entity Name

EAGLE ENTERPRISES INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9355 S.W. 8th St.

3. Mailing Address

9355 S.W. 8th Street

REINSTATEMENT

03-04

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

UNIT # 410

Suite, Apt. #, etc.

UNIT 410

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

650901316

Applied For

Not Applicable

Zip

33428

Country

PAKISTAN

Zip

33428

Country

USA

5. Certificate of Status Desired

A

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROBERT BINFORD

Street Address (P.O. Box Number is Not Acceptable)

9355 S.W. 8th Street

UNIT 410

City

BOCA RATON

FL

Zip Code

33428

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

ROBERT BINFORD, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

09-09-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P.V.P. S. T.
ROBERT BINFORD
9355 SW 8th Street Unit 410
BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
000028782470
02/16/04--01013--013 **908.75

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT BINFORD, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09-09-03

Daytime Phone #

561-883-6479

CR2E034B (12/02)