## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P99000019097 EB BUILDING MATERIALS CORP. 4-26-2001 90105 027 \*\*\*150.00 Principal Place of Business Mailing Address 7905 WEST 30 COURT, APT. 209 7905 WEST 30 COURT, APT, 209 HIALEAH FL 33018 HIALEAH FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0901798 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BONILLA, EDDY A Street Address (P.O. Box Number is Not Acceptable) 7905 WEST 30 COURT, APT. 209 HIALEAH FL 33018 City 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, typed or printed name of registered agent and title Tapplicable (NO\*E. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME BONILLA, EDDY A NAME STREET ADDRESS 7905 WEST 30 COURT, APT, 209 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33018 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-S1-ZIP TITLE TITLE □ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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)(f). 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 in changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZiP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

CR2E034 (10/00)