2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT# - P 99000 19767 May 14, 2001 8:00 am 1. Entity Name **Secretary of State** EON ENTÉRPRISES, INC. 05-14-2001 90180 010 ***150.00 Principal Place of Business Mailing Address 1311 15Th TER +6 1311 15TH TER. #6 HIAHI BEACH FL. 33139 HIAMI BEACH FL 33139 A006553 2. Principal Place of Business 3. Mailing Address 51 STREET STREET 745 (DEST 745 WEST 51 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI SEACH, FLORIDA MIAMI BEACH, FLOEIDA |#65-0904578 Not Applicable \$8.75 Additional 5. Certificate of Status Desired HIAMI DADE MAFIL DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARION HORELL MARION MORELI 15TH TERRACE, # 6 Street Address (P.O. Box Number is Not Acceptable) 745 WEST 51 STREET HIAMI BEACH, FL, 33139 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 RION MORELL SIGNATURE 🗈 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PD PD TITLE ☐ Delete MARION MOREIL NAME NAME MARION MORELL 745 WEST 51 STREET 1311 ISTATER, + 6 STREET ADDRESS STREET ADDRESS 11AMI BEACH, FL. 331 CITY-ST-ZIP .33<u>(39</u> CITY-ST-ZIP MIAHI BEACH, FL Delete Addition TITLE TITLE CORDINA MOREIL NAME NAME 1311 IETH TER, # 6 STREET ADDRESS STREET ADDRESS MIAHI BEACH, PL. 331 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of the corporation or the changed, or op an attac MARION MOREU SIGNATURE: NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR