

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000026390

i. Entity Name

E & S GENERAL SERVICES CORP.

FILED

Mar 02, 2000 8:00 am  
Secretary of State

03-02-2000 90190 033 \*\*\*150.00

Principal Place of Business SW 89 TERRACE, #A FL 33186	Mailing Address 13371 SW 89 TERRACE, #A MIAMI FL 33186-1608
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815018



DO NOT WRITE IN THIS SPACE

Principal Place of Business MIAMI, FL		3. Mailing Address 13371 SW 89 TERR. #A	
Suite, Apt. #, etc. APT A		Suite, Apt. #, etc. APT A	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33186	Country USA	Zip 33186	Country USA
4. FEI Number 65-0967872		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  ORIOI, SHEILA 13371 SW 89 TERRACE, #A MIAMI FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 if applicable. <i>SHEILA ORIOI</i>	(NOTE: Registered Agent signature required when reinstating)	DATE 2/14/00
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This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D ORIOI, SHEILA 13371 SW 89 TERRACE, #A MIAMI FL 33186 ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D RODRIGUEZ, EDDY 13371 SW 89 TERRACE, #A MIAMI FL 33186 ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: <i>SHEILA ORIOI</i>	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SHEILA ORIOI	DATE 2/14/00	Daytime Phone # 305-388-0757
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CR2E034 (9/99)