

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

815018



DO NOT WRITE IN THIS SPACE

Principal Place of Business SW 89 TERRACE, #A FL 33186		Mailing Address 13371 SW 89 TERRACE, #A MIAMI FL 33186-1608	
Principal Place of Business MIAMI, FL		3. Mailing Address 13371 SW 89 TERRACE, #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
6. Name and Address of Current Registered Agent ORIOL, 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	

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/14/00

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	
OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
D ORIOL, SHEILA 13371 SW 89 TERRACE, #A MIAMI FL 33186		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E034 (9/99)

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: *Sheila Oriol*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00
Date

305-388-0757
Daytime Phone #