

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033878

1. Entity Name

EASTER ISLAND CORPORATION

FILED

Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90005 042 \*\*\*158.75

Principal Place of Business

Mailing Address

18260 MEDITERRANEAN BLVD APT 908  
MIAMI FL 33015

18260 MEDITERRANEAN BLVD APT 908  
MIAMI FL 33015

2. Principal Place of Business

3. Mailing Address

121 SE 1 STREET

121 SE 1 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 614

SUITE 614

City & State  
MIAMI, FL

City & State  
MIAMI, FL

Zip  
33131

Country  
USA

Zip  
33131

Country  
USA

4. FEI Number

05-0911392

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAHAL, FARHAT

18260 MEDITERRANEAN BLVD APT 908  
MIAMI FL 33015

Name

RAHAL, ELDER FARHAT

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

121 SE 1 STREET

SUITE 614

City

MIAMI

FL

Zip Code

33131

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

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

ELDER F. RAHAL

(NOTE: Registered Agent signature required when reinstating)

01/13/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

☒

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.

☐

\$5.00 May Be Added to Fees

\$158.75

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
NAME JIMENEZ, LORENZO E  
STREET ADDRESS 18260 MEDITERRANEAN BLVD APT 908  
CITY-ST-ZIP MIAMI FL 33015

☒ Delete

TITLE PSTD  
NAME JIMENEZ, LORENZO E.  
STREET ADDRESS 121 SE 1 STREET # 614  
CITY-ST-ZIP MIAMI, FL 33131

☒ Change

☐ Addition

TITLE VD  
NAME RAHAL, ELDER FARHAT  
STREET ADDRESS RUA DAVID HUME 133 APT 92 VL MARINA  
CITY-ST-ZIP SAO PAULO, SAO PAUL BRAZIL

☒ Delete

TITLE VD  
NAME RAHAL, ELDER FARHAT  
STREET ADDRESS 121 SE 1 STREET # 614  
CITY-ST-ZIP MIAMI, FL 33131

☒ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELDER F. RAHAL

01/13/00

Date

(305) 577-3422

Daytime Phone #

CR2E034 (9/99)