

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2000 8:00 am**  
**Secretary of State**

02-02-2000 90042 003 \*\*\*150.00

80011998



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P99000034171**

**1. Entity Name**  
**EAGLE FASHION CLUB OF SOUTH FLORIDA, INC.**

**Principal Place of Business**      **Mailing Address**  
 1299 NW 40TH AVENUE      1299 NW 40TH AVENUE  
 LAUDERHILL FL 33313      LAUDERHILL FL 33313-5801

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

**Zip**      **Country**      **Zip**      **Country**

**4. FEI Number**      **Applied For**  
 65-0911732      ☐ Not Applicable

**5. Certificate of Status Desired**      ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 MORHAIM, MICHAEL  
 1299 NW 40TH AVENUE  
 LAUDERHILL FL 33313

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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**      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.**      ☐ **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**      ☐ **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS |                      |                                 | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |      |                                                                   |
|----------------------------|----------------------|---------------------------------|-------------------------------------------------------|------|-------------------------------------------------------------------|
| TITLE                      | NAME                 | <input type="checkbox"/> Delete | TITLE                                                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             | 1299 NW 40th Avenue  |                                 | STREET ADDRESS                                        |      |                                                                   |
| CITY-ST-ZIP                | LAUDERHILL, FL 33313 |                                 | CITY-ST-ZIP                                           |      |                                                                   |
| TITLE                      | NAME                 | <input type="checkbox"/> Delete | TITLE                                                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS                                        |      |                                                                   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP                                           |      |                                                                   |
| TITLE                      | NAME                 | <input type="checkbox"/> Delete | TITLE                                                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS                                        |      |                                                                   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP                                           |      |                                                                   |
| TITLE                      | NAME                 | <input type="checkbox"/> Delete | TITLE                                                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS             |                      |                                 | STREET ADDRESS                                        |      |                                                                   |
| CITY-ST-ZIP                |                      |                                 | CITY-ST-ZIP                                           |      |                                                                   |
| TITLE                      | NAME                 | <input type="checkbox"/> Delete | TITLE                                                 | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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)(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:**      *MICHAEL MORHAIM*      **1-29-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)