

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036992

1. Entity Name

E.E. PIETERS, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90163 020 \*\*\*150.00

Principal Place of Business

Mailing Address

6881 SHERIDAN ST.  
 HOLLYWOOD FL 33024

6881 SHERIDAN ST.  
 HOLLYWOOD FL 33024-3942

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2629 ARTHUR ST

Suite, Apt. #, etc.

2629 ARTHUR ST

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FL

Zip

33020 - BROWARD

Zip

33020 BROWARD

Country

BROWARD

4. FEI Number

65-0910695

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

PIETERS, ERROL ESBERIO  
 6881 SHERIDAN ST.  
 HOLLYWOOD FL 33024

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

4/26/00

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS PIETERS, ERROL ESBERIO  
 CITY-ST-ZIP 6881 SHERIDAN ST.  
 HOLLYWOOD FL 33024

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS PIETERS, ELI  
 CITY-ST-ZIP 6881 SHERIDAN ST.  
 HOLLYWOOD FL 33024

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Errol Pieters

Date

Daytime Phone #

4/26/00 954-925-9151

CR2E034 (9/99)