

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041700

1. Entity Name

EAGLE ROCK CREATIONS, INC.

Principal Place of Business

17744 S.W. 19TH STREET
MIRAMAR FL 33029

Mailing Address

17744 S.W. 19TH STREET
MIRAMAR FL 33029

2. Principal Place of Business

7200 GRIFFIN ROAD

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 5D

Suite, Apt. #, etc.

City & State

DAVIE, FLORIDA

City & State

FLORIDA

Zip

33314

Country

USA.

Zip

Country

4. FEI Number

65-0919299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANCISCO, CASTELLANOS
9104C SW 19TH PLACE
FORT LAUDERDALE FL 33324

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

FRANCISCO CASTELLANOS

4/16/01

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.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

TITLE VP
NAME CARRESE, JOSE
STREET ADDRESS 17744 SW 19TH ST
CITY-ST-ZIP MIRAMAR FL 33029 ☒ Delete

TITLE D
NAME PORADE, CEASAR
STREET ADDRESS 1470 NW 126TH LN
CITY-ST-ZIP SUNRISE FL 33323 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VICE PRESIDENT
NAME PRADA, CESAR
STREET ADDRESS 1470 NW 126TH LN
CITY-ST-ZIP SUNRISE FL 33323 ☒ Change ☐ Addition

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

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

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

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:

FRANCISCO CASTELLANOS

4/16/01 (974) 7918748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/00

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE