

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000047398**1. Entity Name  
EBIC GROUP, INC.

## Principal Place of Business

9420 LAZY LANE, NO.4

TAMPA  
33624

FL

## Mailing Address

9420 LAZY LANE, NO.4

TAMPA  
33624

FL

## 2. Principal Place of Business

9420 LAZY LANE, C#4

## 3. Mailing Address

301 NORTH SLEEPY HOLLOW AV.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

## City &amp; State

TAMPA

FL

## City &amp; State

TAMPA

FL

## 4. FEI Number

59-3582234

## Applied For

Not Applicable

## Zip

33614

## Country

## Zip

33617

## Country

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BALLESTEROS EDUARDO  
9420 LAZY LANE, NO.4TAMPA  
33624

FL

## 7. Name and Address of New Registered Agent

## Name

BALLESTEROS EDUARDO

Street Address (P.O. Box Number is Not Acceptable)  
301 NORTH SLEEPY HOLLOW AV.City  
TAMPA

FL

Zip Code  
33617

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 **EDUARDO BALLESTEROS**

01/12/2001

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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PST	<input type="checkbox"/> Delete
NAME	BALLESTEROS EDUARDO	
STREET ADDRESS	301 N. SLEEPY HOLLOW AVE.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SCT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CORRALES NORMA ASECRETA		
STREET ADDRESS	301 NORTH SLEEPY HOLLOW AV.		
CITY-ST-ZIP	TAMPA FL 33617		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: Norma A. Corrales

Sct

01/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)