

2001' UNIFORM BUSINESS REPORT (UBR)**FILED****May 21, 2001 8:00 am**
Secretary of State

05-21-2001 90363 011 ***150.00

DOCUMENT # P99000060746

1. Entity Name

EI CORRED, INC. ✓

Principal Place of Business

16790 HARBOR COURT
WESTON FL. 33326.

Mailing Address

16790 HARBOR COURT
WESTON FL, 33326.**A0070940**

2. Principal Place of Business

1290 WESTON ROAD

3. Mailing Address

1290 WESTON ROAD

Suite, Apt. #, etc.

SUITE 210

Suite, Apt. #, etc.

SUITE 210.

City & State

WESTON FL.

City & State

WESTON FL.

Zip

33326.

Country

Zip

33326

Country

4. FEI Number

65-0935971

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GONZALEZ, Don Esq.
9050 PINES BLVD SUITE 40-F
PENSACOLA PINES FL. 33024

7. Name and Address of New Registered Agent

Name: JAIRO CUBA
Street Address (P.O. Box Number is Not Acceptable):
1290 WESTON ROAD SUITE 210
City: Weston FL Zip Code: 33326

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: X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/01.

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☒ Delete
NAME	NINO DI LORETO	
STREET ADDRESS	16790 HARBOR CT.	
CITY-ST-ZIP	WESTON FL. 33326	
TITLE	VICE-PRESIDENT	☒ Delete
NAME	JAIRO CUBA	
STREET ADDRESS	16790 HARBOR CT	
CITY-ST-ZIP	WESTON FL. 33326	
TITLE	Secretary	☒ Delete
NAME	NINO DI LORETO	
STREET ADDRESS	16790 HARBOR CT.	
CITY-ST-ZIP	WESTON FL 33326.	
TITLE	TREASURER	☒ Delete
NAME	JAIRO CUBA	
STREET ADDRESS	16790 HARBOR CT	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	JAIRO CUBA	
STREET ADDRESS	1290 WESTON ROAD SUITE 210	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	VICE-PRESIDENT	☒ Change ☐ Addition
NAME	NINO DI LORETO	
STREET ADDRESS	1290 WESTON ROAD SUITE 210	
CITY-ST-ZIP	WESTON FL. 33326	
TITLE	Secretary	☒ Change ☐ Addition
NAME	JAIRO CUBA	
STREET ADDRESS	1290 WESTON ROAD SUITE 210	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	TREASURER	☒ Change ☐ Addition
NAME	NINO DI LORETO	
STREET ADDRESS	1290 WESTON ROAD SUITE 210.	
CITY-ST-ZIP	WESTON FL. 33326	
TITLE		☐ Change ☐ Addition
NAME		
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04.28.01

CR2E034 (11/00)