

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000069142

1. Entity Name

E & P SERVICES, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90009 002 ***150.00

Principal Place of Business

Mailing Address

14721 DADE PINES AVE
MIAMI LAKES FL 33014

14721 DADE PINES AVE
MIAMI LAKES FL 33014-2627

2. Principal Place of Business

14000 LAKE GEORGE CT

3. Mailing Address

14000 LAKE GEORGE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

4. FEI Number

-65-0939366

Applied For

Not Applicable

Zip

33014

Country

DADE

Zip

33014

Country

DADE

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

MILLAN, STEPHEN T
7685 SW 104 STREET STE 200
MIAMI FL 33156

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. (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	D	<input type="checkbox"/> Delete
NAME	ELCORO, CARLOS	
STREET ADDRESS	724 LENOX AVE APT 4 #4	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	PFEIFFER, GEORGE	
STREET ADDRESS	2101 SW 136 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33325	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/00 (305) 362 1225

Date

Daytime Phone #

CR2E034 (9/99)