

**2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # **P99000072793**

Entity Name

**EAGLES BAY GROUP, INC.****FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

05-30-2001 90224 010 \*\*\*150.00

Principal Place of Business

Mailing Address

**9882 N.W. 51 TERRACE**  
**MIAMI FL 33178****SAME**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**650942343**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

**A0072391**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYNALDO LUNA**  
**9882 NW 51 TERRACE**  
**MIAMI FL 33178**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**Pd. REYNALDO LUNA**  
**9882 NW 51 TERRACE**  
**MIAMI FL 33178** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DeleteTITLE  
NAME  
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CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE  
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NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

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

**6/26/01 - 305-4639631**  
Date Daytime Phone #

Attachment  
#P99000072793  
A0072391

Miami, 5/26/01

**DIVISION OF CORPORATIONS**

To whom it may concern:-

This is in reference to the reanual of the corporation EAGLE BAY GROUP INC with the TAX ID # 650942343, that we never receive the form were to pay \$ 150.00 we pay for the other corporation, but not for this one, include is the application with the check.

We appreciate your time.

Thanks.

  
Reynaldo Luna  
President