2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000073015**

Country

1. Entity Name

E & E FLORES, INC.

Principal Place of Business

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

1075 SE 17TH STREET FORT LAUDERDALE FL 33316

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

1075 SE 17TH STREET

FORT LAUDERDALE FL 33316-2116

FILED May 07, 2000 8:00 am Secretary of State

05-07-2000 90040 001 ***150.00



DATE

6. Name and Address of Current Registered Agent PINEDA, ENRICO A ~ 1075 SE 17TH STREET

Name			- .
	<u></u>		
Street Address (P.O. Box Nun	nber is Not Accepta	ible)	
	<u> </u>		
City		FL	Zip Code
		<u> </u>	

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

9.	This corporation is eligible to satisfy its Intangible			
	Tax filing requirement and elects to do so.			
	(See criteria on back)	₹		

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

FORT LAUDERDALE FL 33316

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State

(NOTE: Registered Agent signature required when reinstating)

Country

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change Addition TITLE President & Treasurer ☐ Delete TITLE NAME Eduardo I. Flores STREET ADDRESS STREET ADDRESS 1075 SE 17th St. CITY-ST-ZIP CITY-ST-ZIP Fort_Lauderdale, FL 333 Addition ☐ Delete TITLE TITLE Vice-Pres. & Secretary NAME NAME Eva M. Flores STREET ADDRESS STREET ADDRESS 1075 SE 17th St. CITY-ST-ZIP CITY-ST-7IP Fort Lauderdale, FL Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS 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.