

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90230 029 \*\*\*150.00

**DOCUMENT # P99000073015**

1. Entity Name  
**E & E FLORES, INC.**

Principal Place of Business Mailing Address  
**1075 SE 17TH STREET 1075 SE 17TH STREET**  
**FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0942848**

Applied For

Not Applicable

Zip Country

Zip Country

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

**PINEDA, ENRICO A**  
**1075 SE 17TH STREET**  
**FORT LAUDERDALE FL 33316**

Name **Eduardo I. Flores**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1075 SE 17th St**  
**Fort Lauderdale, FL 33316**  
 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 *Eduardo I. Flores*

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-31-01**

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 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	PT	<input type="checkbox"/> Delete
NAME	<b>FLORES, EDUARDO I</b>	
STREET ADDRESS	<b>1075 SE 17TH ST.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE	VS	<input type="checkbox"/> Delete
NAME	<b>FLORES, EVA M</b>	
STREET ADDRESS	<b>1075 SE 17TH ST.</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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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: *Eduardo I. Flores*

Date

Daytime Phone #

**4-30-01 (954) 524-7600**

CR2034 (10/00)