

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State
 02-20-2000 90011 004 ***158.75

DOCUMENT # P99000091717

1. Entity Name

BANOS REMODELING, INC.

Principal Place of Business

1561 NE 167TH STREET
 N. MIAMI BEACH FL 33162

Mailing Address

1561 NE 167TH STREET
 N. MIAMI BEACH FL 33162-2931

2. Principal Place of Business

8800 NW 2nd Ave
 Suite, Apt. #, etc. 220 D

3. Mailing Address

1865 South Ocean Dr.
 Suite, Apt. #, etc. #5M



DO NOT WRITE IN THIS SPACE

City & State
 North Miami, FL
 Zip 33169 Country USA

City & State
 Hallandale, FL
 Zip 33009 Country USA

4. FEI Number

65-095333 0

Applied For

Not Applicable

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

EICOFF, WILLIAM
 1865 S. OCEAN DRIVE STE. 5-M
 HALLANDALE FL 33009

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 PD
 NAME EICOFF, WILLIAM
 STREET ADDRESS 1865 S. OCEAN DR. STE. 5-M
 CITY-ST-ZIP HALLANDALE FL 33009

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V
 NAME BANOS, LEMAY F
 STREET ADDRESS 1561 NE 167TH STREET
 CITY-ST-ZIP N. MIAMI BEACH FL 33162

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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/00

CR2E034 (9/99)