

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**  
 05-21-2002 91137 023 \*\*\*150.00

**DOCUMENT # P99000091717**

1. Entity Name  
**BANOS REMODELING, INC.**

Principal Place of Business  
 18800 NW 2ND AVE  
 220D  
 MIAMI FL 33169  
 US

Mailing Address  
 1865 SOUTH OCEAN DR  
 #5M  
 HALLANDALE FL 33009  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0953330**

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

**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, 2002 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 **PD EICOFF, WILLIAM** ☐ Delete  
 STREET ADDRESS **1865 S. OCEAN DR., STE. 5-M**  
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME **S BANOS, ANGEL DAVID** ☐ Delete  
 STREET ADDRESS **11925 NE 2ND AVE., #406B**  
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Yisette Espino / Treasurer**  
 STREET ADDRESS **11925 NE 2nd Ave #406B**  
 CITY-ST-ZIP **Miami, FL 33161**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**4/26/02**

Date

Daytime Phone #

**(305) 249-4900**

CR2E034 (9/01)