

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Jun 02, 2003 8:00 am
Secretary of State

4/1
4/1

04-16-2003 90494 001 ***150.00
04-16-2003 90494 002 *****8.75

DOCUMENT # P99000091717

1. Entity Name
BANOS REMODELING, INC.



Principal Place of Business
18800 NW 2ND AVE
2200
MIAMI FL 33169
US

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

Change *Change*

55045281



2. Principal Place of Business
3220 North 72nd way
Suite, Apt. #, etc.

3. Mailing Address
3220 North 72nd way
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Hollywood, FL

Zip
33024

Country
USA

Country
USA

4. FEI Number
65-0953330

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

DELETE

7. Name and Address of New Registered Agent

Name
Angel D Banos

Street Address (P.O. Box Number is Not Acceptable)
3220 N. 72nd way

City
Hollywood

FL

Zip Code
33024

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
William S Eicoff William S Eicoff 1/4/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EICOFF, WILLIAM 1865 S. OCEAN DR., STE. 5-M HALLANDALE FL 33009 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BANOS, LEMAY F 1581 NE 167TH STREET N. MIAMI BEACH FL 33162 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BANOS, ANGEL DAVID 11925 NE 2ND AVE., #406B MIAMI FL 33161 same <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ESPINO, YISETTE 11925 NE 2ND AVE #4068 MIAMI FL 33161 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zeida Margaret Castilla 3220 North 72nd way Hollywood FL 33024 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Angel D Banos 3220 North 72nd way Hollywood, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zeida Margaret Castilla 3220 North 72nd way Hollywood, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NO.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3220 North 72nd way Hollywood, FL 33024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: *William S Eicoff* William S Eicoff 1/7/03 895-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)