

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69458

1. Entity Name  
EB DESIGNS, INC.

Principal Place of Business

5016 S.W. 154 CT.  
MIAMI FL 33185  
US

Mailing Address

5016 S.W. 154 CT.  
MIAMI FL 33185  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0308369

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

BLANCO, EUMELIA  
9950 N.W. 9 STREET CIRCLE  
APT. 203  
MIAMI FL 33172

Name

Street Address (P.O. Box Number is Not Acceptable)

1175 S.W. 82 CT

City MIAMI

FL

Zip Code 33144

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, 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 PS  
NAME BLANCO, EUMELIA  
STREET ADDRESS 5016 SW 154 CT  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1175 S.W. 82 CT  
CITY-ST-ZIP MIAMI, FL 33144

TITLE VPT  
NAME BLANCO, EDUARDO  
STREET ADDRESS 5016 SW 154 CT  
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1175 S.W. 82 CT  
CITY-ST-ZIP MIAMI, FL 33144

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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:

*Eumelia Blanco*

EUMELIA BLANCO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12.01 (305) 262-0682

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)