

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

**FILED**  
**Mar 19, 2003 8:00 am**  
**Secretary of State**

03-19-2003 90130 027 \*\*\*150.00

0228944  
AV

**DOCUMENT # P01000107026**



1. Entity Name  
**E2 CAPITAL PARTNERS, INC.**

Principal Place of Business  
**901 PONCE DE LEON BLVD.  
SUITE 603  
CORAL GABLES FL 33134**

Mailing Address  
**901 PONCE DE LEON BLVD.  
SUITE 603  
CORAL GABLES FL 33134**



2. Principal Place of Business  
**101 NE THIRD AVE.**

3. Mailing Address

Suite, Apt. #, etc.  
**STE 1520**

Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE**

City & State

4. FEI Number **65-1157963**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip  
**33301**

Country  
**USA**

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

**ALBORNOZ, WILLIAM H ESQ.  
901 PONCE DE LEON BLVD.  
SUITE 603  
CORAL GABLES FL 33134**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**03/14/03**  
DATE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>SAUCEDO, ERIC</b>	
STREET ADDRESS	<b>7000 ISLAND BLVD. VILLA MARINA #1808</b>	
CITY-ST-ZIP	<b>WILLIAM ISLAND FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>PRESIDENT, DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAUCEDO, ERIC</b>	
STREET ADDRESS	<b>7000 ISLAND BLVD VILLA MARINA 2008</b>	
CITY-ST-ZIP	<b>WILLIAMS ISLAND FL 33160</b>	
TITLE	<b>VICE PRESIDENT, DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAUCEDO, EVAN</b>	
STREET ADDRESS	<b>7000 ISLAND BLVD VILLA MARINA 2008</b>	
CITY-ST-ZIP	<b>WILLIAMS ISLAND FL 33160</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/14/03** **305.213.4346**  
Date Daytime Phone #

CR2E034 (10/02)