

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90048 016 ***150.00

DOCUMENT # P99000105482

1. Entity Name

EAGLE VIEW ENTERTAINMENT, INC.

Principal Place of Business

**490 SW 118 AVE
 PLANTATION FL 33325**

Mailing Address

**490 SW 118 AVE
 PLANTATION FL 33325**

2. Principal Place of Business

8018 NW 10TH AVE

Suite, Apt. #, etc.

3. Mailing Address

8018 NW 10TH AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

65-0966538

Applied For

Not Applicable

Zip

33322

Country

USA

Zip

33322

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DOBREV, STRAHIL
 490 SW 118 AVE
 PLANTATION FL 33325**

7. Name and Address of New Registered Agent

Name **DOBREV, STRAHIL**
 Street Address (P.O. Box Number is Not Acceptable)
8018 NW 10TH ST.
 City **PLANTATION** FL Zip Code **33322**

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

(NOTE: Registered Agent signature required when reinstating)

4/26/00
 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		DOBREV, STRAHIL	
STREET ADDRESS		PRES.	
CITY-ST-ZIP		8018 NW 10TH ST.	
		PLANTATION, FL 33322	
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00 (954) 557-0886
 Date Daytime Phone #

CR2E034 (9/99)