

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**  
 08-29-2002 90004 019 \*\*\*150.00

**DOCUMENT # P01000110924**

1. Entity Name  
**E.J.T. INVESTMENTS INC.**

Principal Place of Business

**C/O DIEGO N. ALVADO  
 980 N.W. 135TH STREET  
 NORTH MIAMI FL 33168**

Mailing Address

**C/O DIEGO N. ALVADO  
 980 N.W. 135TH STREET  
 NORTH MIAMI FL 33168**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1152407**

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

**TRILLA, EDUARDO J  
 4779 COLLINS AVENUE #1904  
 MIAMI BEACH FL 33140**

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	PD	<input type="checkbox"/> Delete
NAME	TRILLA, EDUARDO J	
STREET ADDRESS	4779 COLLINS AVENUE #1904	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JUAREZ DE TRILLA, MARIA L	
STREET ADDRESS	4779 COLLINS AVENUE #1904	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**08/20/02**

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

977282

August 20, 2002

State of Florida  
Division of Corporations  
Tallahassee, Florida 32302

RE: E.J.T. Investments Inc.  
Document # P01000110924

Dear Sirs:

Attached please kindly find a check for \$ 150.00  
in payment of your UBR 2002.

Mr. Trilla, Pres. is an argentinian investor who comes to Miami  
and returns to his country Argentina 3 and 4 times a year.

It was very difficult for me to get in touch with Mr. Trilla  
before May 1, 2002.

All your kind help and attention to this matter, will be very  
much appreciated.

Respectfully submitted,

*Diego N. Alvado*  
Diego N. Alvado  
Accountant.