2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 SEP 14 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000027018

1. Entity Name

AEGIS MANAGEMENT CORP.

Principal Place of Business	Mailing Address
2435 NW 7th Street Miami, FL 33125	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2435 NW 7th Street Suite, Apt. #, etc.
City & State	City & State Miami, FL 33125
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-0461007

5. Certificate of Status Desired ☐ $8.75 Add Fee Require

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: Eddie Mor

Street Address (P.O. Box Number is Not Acceptable): 2435 NW 7th Street

City: Miami FL Zip Cod 33125

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. ☐ $5.0 Adde

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D Eddie Mor 2435 NW 7th Street Miami, FL 33125	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change 100003393071---9 -09/14/00--01040--004 ***1723.25 ***1650.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change

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 12 above, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR