

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90131 008 \*\*\*150.00

DOCUMENT # P95000090832

1. Entity Name  
**ARGENTUM OF SOUTH BEACH, CORP.**

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
**2070 NW 79<sup>th</sup> Ave.** **2070 NW 79<sup>th</sup> Ave**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**205** **205**

City & State City & State  
**MIAMI FLORIDA** **MIAMI FLORIDA**  
 Zip Country Zip Country  
**33122 USA** **33122 USA**

4. FEI Number **25-062-1045** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**A0062094**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent  
 Name **MARIA A. RIGOTTI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**671 NE 195<sup>th</sup> St.**  
**APT # 125**  
 City **NORTH MIAMI BEACH FL** Zip Code **33179**

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 *Maria A Rigotti* **MARIA A RIGOTTI** 4/25/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.   
**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$500.00**  
**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**

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Maria A Rigotti* **MARIA A RIGOTTI** 4/25/01 **305-470-1218**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE

CR2E034 (1/1/00)