

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 364927

1. Entity Name

AUGUST MANOR, INC.

**FILED**  
**Mar 09, 2000 8:00 am**  
**Secretary of State**

03-09-2000 90114 001 \*\*\*300.00

Principal Place of Business

11601 BISCAYNE BLVD., SUITE 200C  
 MIAMI FL 33181

Mailing Address

11601 BISCAYNE BLVD., SUITE 200C  
 MIAMI FL 33181-3151

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

59-1366465

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

AUGUST, GUS  
 11601 BISCAYNE BLVD., STE. 200C  
 N. MIAMI FL 33181

Name

AUGUST, GUS

Street Address (P.O. Box Number is Not Acceptable)

11601 BISCAYNE BOULEVARD

Suite 200 C

City

MIAMI

FL

Zip Code

33181

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, 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

TITLE ☐ Delete  
 NAME MPD  
 STREET ADDRESS AUGUST, GUS  
 CITY-ST-ZIP 11601 BISCAYNE BLVD., SUITE 200C  
 MIAMI FL 33181

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS BAUM, TRACI  
 CITY-ST-ZIP 1509 MACFARLANE RD  
 COLVILLE WA 99114

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME S  
 STREET ADDRESS AUGUST, LOUISE  
 CITY-ST-ZIP 8951 N.E. 8TH AVE #119  
 MIAMI FL 33138

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 11601 BISC. BLVD., STE 200C  
 CITY-ST-ZIP MIAMI, FL 33181

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Traci Baum* as director  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 TRACI BAUM

3/6/00 5096846326  
 Date Daytime Phone #

CR2E034 (9/99)