

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90187 012 ***150.00

0290006 AV

DOCUMENT # 364927

1. Entity Name
AUGUST MANOR, INC.

Principal Place of Business
**11601 BISCAYNE BLVD., SUITE 200C
MIAMI FL 33181**

Mailing Address
**11601 BISCAYNE BLVD., SUITE 200C
MIAMI FL 33181**



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**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. ☐

**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

TITLE	MTD	<input type="checkbox"/> Delete
NAME	AUGUST, GUS	
STREET ADDRESS	11601 BISCAYNE BLVD., SUITE 200C	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAUM, TRACI	
STREET ADDRESS	1509 MACFARLANE RD	
CITY-ST-ZIP	COLVILLE WA 99114	
TITLE	S	<input type="checkbox"/> Delete
NAME	AUGUST, LOUISE	
STREET ADDRESS	11601 BISCAYNE BLVD., STE. 200C	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	P	<input type="checkbox"/> Delete
NAME	AUGUST, BRUCE	
STREET ADDRESS	11601 BISCAYNE BLVD., STE. 200C	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, CELIA	
STREET ADDRESS	HC 52, BOX 8517	
CITY-ST-ZIP	BIRDCREEK AK 99540	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Bruce August
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-02 305-899-8088

Date

Daytime Phone #

CR2E034 (9/01)