

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90039 026 ***150.00

DOCUMENT # 676992

1. Entity Name
EGL REAL ESTATE, INC.

Principal Place of Business C/O ANA MARTIN-LAVIELLE 901 PONCE DE LEON BLVD. STE. 502 CORAL GABLES FL 33134	Mailing Address C/O ANA MARTIN-LAVIELLE 901 PONCE DE LEON BLVD. STE. 502 CORAL GABLES FL 33134
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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2021170

Applied For
Not Applicable

Zip Country

Zip Country

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

**MARTIN-LAVIELLE, ANA
901 PONCE DE LEON BLVD
STE. 502
CORAL GABLES FL 33134**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
GARCIA, ELDA
299 ALHAMBRA CIRCLE - SUITE 318
CORAL GABLES FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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
ELDA GARCIA

Date Daytime Phone #

1/24/02 305-444-5885

CR2E034 (9/01)

Attachment Document #

TRIAL LAWYERS & MEDIATORS

6769921

Perez-Abreu

Martin-Lavielle

602775



Professional Association

JAVIER PEREZ-ABREU
Attorney at Law
Board Certified Marital
& Family Law
Certified Arbitrator
& Mediator

ANA MARTIN-LAVIELLE
Attorney at Law
Board Certified Marital
& Family Law
Certified Mediator

February 11, 2002

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: EGL Real Estate, Inc.

Dear Sir/Madam:

Enclosed please find the Annual Report and check in the amount of \$150.00 in connection with the above captioned corporation.

Sincerely,

PEREZ-ABREU & MARTIN-LAVIELLE, P.A.

By: 
ANA MARTIN-LAVIELLE, ESQ.

AML/asd
Enclosures