

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004368

1. Entity Name  
CITY HALL CORP.

FILED

02 JUN -7 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
19333 Collins Ave  
Apt. # 708  
Sunny Isle Fl 33160

Mailing Address

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

52-2184916

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

7. Name and Address of New Registered Agent

ROSEN, BORIS  
25 S.E 2nd Avenue, Ste 220  
Miami Fl 33131

Name

JACQUES AGHION

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

19333 COLLINS AV. # 708

SUNNY ISLES

City

FL

Zip Code

33160

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, 2001 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 PCD NAME STREET ADDRESS CITY-ST-ZIP	AGHION, JACQUES Edificio Ori Int, Ste 7 C6lon Free Zone, Panama <input type="checkbox"/> Delete
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	COHEN, JACQUES A Edificio Ori Int, Ste 7 Colon Free Zone, Panama <input type="checkbox"/> Delete
TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	DE AGHION, REBECA E Edificio Ori Int, Ste 7 Colon Free Zone, Panama <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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-06/18/02--01066--012  
\*\*\*150.00 \*\*\*150.00

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:

CR2E034 (11/00)