

2003 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **F99000004368** (L)

1. Entity Name

CITY HALL CORP.**FILED**
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90048 028 ***150.00

Principal Place of Business

Mailing Address

19333 COLLINS AV #708
SUNNY ISLES FL. 33160**19333 COLLINS AV #708**
SUNNY ISLES FL 33160

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

AGHION, JACQUES

Name

19333 COLLINS AV #708

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

SUNNY ISLES FL. 33160

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, 2003 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
NAME	AGHION JACQUES	
STREET ADDRESS	19333 COLLINS AV #708	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE	S	<input type="checkbox"/> Delete
NAME	COHEN JACQUES	
STREET ADDRESS	PUNTA PAITILLA ED. TORRE DEL MAR	
CITY-ST-ZIP	CALLE: HELIODORO PATINO APT. 4A	
	PANAMA RE. PANAMA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AGHION REBECA	
STREET ADDRESS	19333 COLLINS AV #708	
CITY-ST-ZIP	SUNNY ISLES FL 33160	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (11/00)

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: *[Signature]* **JACQUES AGHION**

Typed or printed name of signing officer or director

Date

Daytime Phone #

305-7927588
305-5024402