

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G50524

1. Entity Name

AYGEE CORP.

FILED**May 03, 2001 8:00 am**
Secretary of State

04-11-2001 90131 033 ***150.00

Principal Place of Business Mailing Address
 c/o Dorothy Alloy c/o Dorothy Alloy
 133 Manchineel Ct. 133 Manchineel Court
 Royal Palm Beach, fl 33411 Royal Palm Beach, FL 33411

2. Principal Place of Business 3. Mailing Address
 Dorothy Alloy 133 Manchineel Ct
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Royal Palm Beach Fla
 Zip Country Zip Country
 33411 FL 33411 FL

4. FEI Number Applied For
 13-2610657 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

Dorothy Alloy & Hilda Glazer
 133 Manchineel Court
 Royal Palm Beach, FL 33411

7. Name and Address of New Registered Agent

Name Dorothy Alloy & Hilda Glazer
 Street Address (P.O. Box Number is Not Acceptable)
 133 Manchineel Ct
 Royal Palm Beach, Fla
 City FL Zip Code 33411

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 *Dorothy Alloy* *Dorothy Alloy* 4/25/2001
 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	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hilda Glazer	NAME	
STREET ADDRESS	134 Manchineel Ct.	STREET ADDRESS	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothy Alloy	NAME	
STREET ADDRESS	133 Manchineel Court	STREET ADDRESS	
CITY-ST-ZIP	Royal Palm Beach, FL 33411	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hyman B. Carroll	NAME	
STREET ADDRESS	175 Great Neck Road Suite 405	STREET ADDRESS	
CITY-ST-ZIP	Great Neck NY 11021	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Hyman B. Carroll* Hyman B. Carroll

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)