

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J13222**

1. Entity Name

AUGUST SISTERS, INC.**FILED**
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90412 011 ***150.00

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

00000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2696370**Applied For
Not Applicable

Zip

Country

Zip

Country

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., SUITE 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.
(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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **SDVP** ☐ Delete
NAME **BAUM, TRACI**
STREET ADDRESS **8951 NE 8 AVE #117**
CITY-ST-ZIP **MIAMI FL 33138**TITLE **TD** ☐ Delete
NAME **AUGUST, LOUISE**
STREET ADDRESS **11601 BISCAYNE BLVD., SUITE 200C**
CITY-ST-ZIP **MIAMI FL 33181**TITLE **CM** ☐ Delete
NAME **AUGUST, GUS**
STREET ADDRESS **8951 N.E. 8 AVE, #117**
CITY-ST-ZIP **MIAMI FL 33138**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
Signature and Typed or Printed Name of Signing Officer or Director

4/8/02

Date

509 684 6323

Daytime Phone #

CR2E034 (9/01)