

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

3/2

03-27-2003 90071 012 ***150.00

DOCUMENT # K79146

1. Entity Name
ARGUS INTERNATIONAL, INC.



Principal Place of Business
**11700 NW 101 RD. STE 17
MEDLEY FL 33178**

Mailing Address
**11700 NW 101 RD. STE 17
MEDLEY FL 33178**



2. Principal Place of Business

10125 N.W. 116 Way

Suite, Apt. #, etc.
Suite 5

City & State
Medley FL

Zip
33178

Country
USA

3. Mailing Address

10125 N.W. 116 Way

Suite, Apt. #, etc.
Suite 5

City & State
Medley FL

Zip
33178

Country
USA

☐ CHECK HERE IF MAKING CHANGES

65-015 9780

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BEQUILLARD, ROBERTO B.
8721 S.W. 102ND STREET
MIAMI FL 33176**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
BEQUILLARD, ROBERTO B.
9431 S. W. 199TH COURT
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
HERNANDEZ, ALFONSO
50 BAY HEIGHTS DRIVE
MIAMI FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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CITY - ST - ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 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

2-27-03

Date

305-888-4881

Daytime Phone #

CR2E034 (10/02)