

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50136

1. Entity Name

EGTSEMANI CORPORATION

Principal Place of Business

6225 JOHNSON STREET
HOLLYWOOD FL 33024
US

Mailing Address

6225 JOHNSON STREET
HOLLYWOOD FL 33024-5931
US

2. Principal Place of Business

6225 Johnson Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33024

Country

U.S.

3. Mailing Address

6225 Johnson Street

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33024

Country

U.S.

6. Name and Address of Current Registered Agent

BARRETO, JUAN J
4679 SW 19TH ST.
FT. LAUDERDALE FL 33317

7. Name and Address of New Registered Agent

Name

BARRETO, JUAN J.

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

4679 SW 19th St.

City

Ft. Lauderdale,

FL

Zip Code
33317

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

Barreto Juan J

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan-19-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARRETO, JUAN J
STREET ADDRESS 4679 SW 19TH ST.
CITY-ST-ZIP FT. LAUDERDALE FL 33317 ☐ Delete

TITLE SD
NAME ROSARIO, EMMA
STREET ADDRESS 553 NW 93 RD. ST.
CITY-ST-ZIP MIAMI FL 33150 ☐ Delete

TITLE TD
NAME CANDELARIS, ZORSIDA
STREET ADDRESS 4800 SW 15 ST
CITY-ST-ZIP FT. LAUDERDALE FL 33317 ☐ Delete

TITLE TD
NAME TOLEDO, JOSE
STREET ADDRESS 6380 SW SHERMAN ST
CITY-ST-ZIP HOLLYWOOD FL 33024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 617, 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:

Jan-19-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90011 001 ****61.25

3 2 2 4



DO NOT WRITE IN THIS SPACE