

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90363 039 ***150.00

DOCUMENT # P00000058273

1. Entity Name

Ego Clip Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

540 Washington Ave
Suite, Apt. #, etc.

3. Mailing Address

6450 SW 81st St
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami Beach FL

City & State

S. Miami FL

4. FEI Number

45-1017465

Applied For

☒ Not Applicable

Zip

33139

Country

US

Zip

33143

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Denna Holman CPA

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

4940 SW 72nd Ave #304

City

Miami

FL

33155

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

Denna Holman CPA

4/22/02

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P.S. - Cathy Carr
6450 SW 81st St
S. Miami FL 33143

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cathy Carr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/02 306 7208 71

Daytime Phone #

CR2E034B (12/01)