

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90315 026 ***150.00

DOCUMENT # P00000081779

1. Entity Name

ARGUS INVESTMENT GROUP INC.

Principal Place of Business

877 NE 195TH ST.
#317
NORTH MIAMI BEACH FL 33179

Mailing Address

877 NE 195TH ST.
#317
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

10031 Pines Blvd
Suite, Apt. #, etc. 242

3. Mailing Address

10031 Pines Blvd
Suite, Apt. #, etc. 242



DO NOT WRITE IN THIS SPACE

City & State

Pembroke Pines, FL Pembroke Pines, FL

4. FEI Number

65-105 8735

Applied For

Not Applicable

Zip

Country

33024 broward

Zip

Country

33024 broward

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAZARUS, JAIME A

877 NE 195TH ST.

#317

NORTH MIAMI BEACH FL 33179

Name

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

871 N.W. 134 AV

City

Pembroke Pines FL 33028

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

Jaime Lazarus

4/19/01

Signature, typed or printed name of registered agent and date 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	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ORLANDO	
STREET ADDRESS	13011 N.W. 1ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAZARUS, JAIME A	
STREET ADDRESS	877 NE 195TH ST. #317	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ORLANDO	
STREET ADDRESS	14233 N.W. 19 ST	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAZARUS, JAIME A	
STREET ADDRESS	871 N.W. 134 AV	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Jaime Lazarus JAIME LAZARUS

4/19/01 (934) 649-1130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)