

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90016 033 ***158.75

DOCUMENT # P00000101612

1. Entity Name
E.K.G. MANAGEMENT, INC.

Principal Place of Business

Mailing Address

**7951 SW 40TH STREET
SUITE 206
MIAMI FL 33155**

**7951 SW 40TH STREET
SUITE 206
MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

1420 Agua Ave

1420 Agua Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, Fla.

City & State

Coral Gables, Fla.

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip
33156

Country
USA.

Zip
33156

Country
USA.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

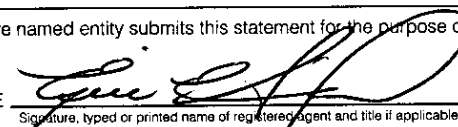
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIAZ, O.J.
7951 SW 40TH STREET
SUITE 206
MIAMI FL 33155**

Name **Enrique E. Garcia**
Street Address (P.O. Box Number is Not Acceptable)
1420 Agua Ave
City **Coral Gables** **FL** Zip Code **33156**

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, 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 ☐ Delete
NAME **PTD GARCIA, ENRIQUE E**
STREET ADDRESS **7951 SW 40TH STREET STE 206**
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE ☐ Delete
NAME **SVD GARCIA, TANIA**
STREET ADDRESS **7951 SW 40TH STREET STE 206**
CITY-ST-ZIP **MIAMI FL 33155**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01
Date

(305) 261-6281
Daytime Phone #

CR2E034 (10/00)