

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0267904 AV

DOCUMENT # P00000101612

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



FILED

03 MAY -5 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1420 AGUA AVE  
CORAL GABLES FL 33156

Mailing Address  
1420 AGUA AVE  
CORAL GABLES FL 33156

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1104336

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARCIA, ENRIQUE E  
1420 AGUA AVENUE  
CORAL GABLES FL 33156

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 \_\_\_\_\_ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD  
NAME GARCIA, ENRIQUE E  
STREET ADDRESS 1402 AGUA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33156 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600018839376  
CITY-ST-ZIP 05/13/03--01060--037 \*\*150.00

TITLE SD  
NAME GARCIA, TANIA  
STREET ADDRESS 1420 AGUA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33156 ☐ Delete

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

TITLE VD  
NAME HADJEZ, NELSON  
STREET ADDRESS 1420 AGUA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33156 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 (305)989-0313  
Date Daytime Phone #

CR2E034 (10/02)