

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90070 015 ***150.00

DOCUMENT # P01000052497

1. Entity Name
EGRA ENTERPRISES, INC.

Principal Place of Business

**1466 N.W. 13 TERRACE
 MIAMI FL 33125**

Mailing Address

**1466 N.W. 13 TERRACE
 MIAMI FL 33125**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 Brickell Bay Drive

3. Mailing Address

801 Brickell Bay Drive

Suite, Apt. #, etc.

868

Suite, Apt. #, etc.

868

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1123630

Applied For

Not Applicable

Zip

33131

Country

USA

Zip

33131

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

SORDO, CESAR R ESQ.

1200 BRICKELL AVENUE, SUITE 1680

MIAMI FL 33131

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.

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, 2002 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 **D** ☐ Delete
 NAME **GARCIA, EDWIN**
 STREET ADDRESS **1466 N.W. 13 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **D** ☒ Change ☐ Addition
 NAME **Garcia Edwin**
 STREET ADDRESS **801 Brickell Bay Dr. #868**
 CITY-ST-ZIP **Miami FL 33131**

TITLE **D** ☐ Delete
 NAME **ARTILES, RAUL**
 STREET ADDRESS **1466 N.W. 13 TERRACE**
 CITY-ST-ZIP **MIAMI FL 33125**

TITLE **D** ☒ Change ☐ Addition
 NAME **ARTILES RAUL**
 STREET ADDRESS **801 Brickell Bay Dr #868**
 CITY-ST-ZIP **Miami FL 33131**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

RECEIVED ARTILES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (305) 205 1304

Date

Daytime Phone #

CR2E034 (9/01)