# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 04, 2004 8:00 am**
**Secretary of State**
05-04-2004 90186 044 ***150.00

DOCUMENT # P01000059981

1. Entity Name: EAGLET MANAGEMENT INC

**DO NOT WRITE IN THIS SPACE**

24068907

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 4141 N.W. 5th ST, Suite, Apt. #, etc.: Suite #100
City & State: PLANTATION FL
Zip: 33317 Country: BROWARD

3. Mailing Address: SAME
Suite, Apt. #, etc.:
City & State:
Zip: Country:

4. FEI Number: 65-1113272 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: SAVITA KEZERIE
Street Address (P.O. Box Number is Not Acceptable): 1802 N. UNIVERSITY DRIVE #226
City: PLANTATION FL Zip Code: 33317

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirements 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CECIL DAGUILAR<br>4141 NW 5th STREET<br>suite #100 Plantation FL 33317 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SAVITA KEZERIE<br>1802 N UNIVERSITY DR<br>#226 Plantation FL 33317 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | |
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CR2E034B (12/01)

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: Cecil DAguilar CECIL DAGUILAR 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #