

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90011 043 ***158.75

DOCUMENT # P01000071535

1. Entity Name
EARGASM ENTERTAINMENT, INC.

Principal Place of Business
5870 SW 33 ST
MIAMI FL 33155-4904

Mailing Address
5870 SW 33 ST
MIAMI FL 33155-4904



2. Principal Place of Business

3. Mailing Address

P.O. Box 557216

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, FL.

4. FEI Number

EIN 04-3609589

Applied For

Not Applicable

Zip

Country

Zip

Country

33255

U.S.A.

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

RAMIREZ, MANUEL J
5870 SW 33 ST
MIAMI FL 33155-4904

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MANUEL J. RAMIREZ
5870 S.W. 33 ST.
MIAMI, FL. 33155

☐ Change ☒ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MANUEL O. RAMIREZ
5870 S.W. 33 ST.
MIAMI, FL. 33155

☐ Change ☒ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

OLIVIA B. RAMIREZ
5870 S.W. 33 ST.
MIAMI, FL. 33155

☐ Change ☒ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

ANDRES R. TORRES
15404 S.W. 63 TERR.
MIAMI, FL. 33193

☐ Change ☒ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

MANUEL J. RAMIREZ
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)