

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 18, 2003 8:00 am**  
**Secretary of State**

08-18-2003 90163 029 \*\*\*150.00

DOCUMENT # P01000113795

1. Entity Name

EGUAGUO, INC.



**DO NOT WRITE IN THIS SPACE**

**90150872**

2. Principal Place of Business  
**8346 NW South River Dr**

3. Mailing Address  
**8346 NW S River Dr.**

Suite, Apt. #, etc.

**Suite A**

Suite, Apt. #, etc.

**Suite A**

City & State

**Miami, FL**

City & State

**Miami, FL**

4. FEI Number

**04-3626496**

Applied For

Not Applicable

Zip

**33166**

Country

**US**

Zip

**33166**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

**Eduardo Scheuren**

Street Address (P.O. Box Number is Not Acceptable)

**8346A NW S River Drive**

City

**Miami**

**FL**

Zip Code  
**33166**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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**

TITLE	NAME	TITLE	NAME
NAME	<b>D</b>	NAME	
STREET ADDRESS	<b>Scheuren, Eduardo</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>8346A NW S River Dr.</b>	CITY-ST-ZIP	
	<b>Miami, FL 33166</b>		
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like employees.

SIGNATURE:

*ES/ull*

**EDUARDO SCHEUREN**

**7/15/2003**

**(305)8877726**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

*Attachment*

90150872

Eguaguo, Inc  
C/O Eduardo Scheuren  
8346 A NW South River Drive  
Miami, Florida 33166  
305-887-7726

P01000113795

July 11, 2003

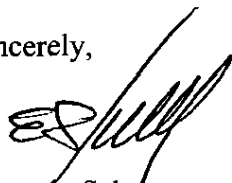
Florida Department of State  
Secretary of State  
Glenda E Hood  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

To Whom It May Concern:

Please accept our check in the amount of \$150.00 for the Uniform Business Report that was due on May 01, 2003. We did not receive the original report in the mail, but instead, have received your second notice. Had we received the report we would have filed on time.

Thank you for your kind consideration in this matter.

Sincerely,



Eduardo Scheuren

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Eguaguo, Inc.