

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90106 014 ***158.75

DOCUMENT # P02000076738

1. Entity Name
LIGAN, INC.



Principal Place of Business
**3209 NE 7 PL. STE 4
POMPANO BCH FL 33062**

Mailing Address
**3209 NE 7 PL. STE 4
POMPANO BCH FL 33062**



2. Principal Place of Business
148 VENTNOR J
Suite, Apt. #, etc.

3. Mailing Address
148 VENTNOR J
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BCH, FL
Zip
33442-2425
Country
USA

City & State
DEERFIELD BCH, FL
Zip
33442-2425
Country
USA

4. FEI Number
02-0632774

Applied For
Not Applicable

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

**ATLANTIS CORPORATE CONSULTING, INC.
200 S BISCAYNE BLVD, STE 5120
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. 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

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
NAME **D** ☐ Delete
AVI RODRIGUEZ, CARLOS A
STREET ADDRESS
CITY-ST-ZIP **3209 NE 7 PL, STE 4
POMPANO BCH FL 33062**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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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: **AVI RODRIGUEZ** **CARLOS A. AVI RODRIGUEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/03
Date

(954) 802 2591
Daytime Phone #

CR2E034 (10/02)