

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-17-2003 90033 002 ***150.00
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000080479

1. Entity Name
EIKON CORPORATION



Principal Place of Business
3215 NE 184TH STREET SUITE 14113
AVENTURA FL 33160

Mailing Address
3215 NE 184TH STREET SUITE 14113
AVENTURA FL 33160



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

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 \$550.00
After September 10, 2003 Fee will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	D ARENAS, CARLOS A 3215 NE 184TH STREET SUITE 14113 AVENTURA FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 12 / 2003

(954) 829-9735

Date

Daytime Phone #

CR2E034 (4/03)

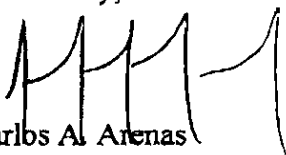
July 14, 2003

To Whom It May Concern:

Enclosed please find the filing fee of \$150.00 for EIKON CORPORATION and the sign form. Please consider the filing for this amount, since the company did not receive prior notice for filing. Reasons are that the company has not been in operation since it opened and the mail received set aside in which cause the misplacement or lose of correspondence.

If you have any questions regarding the foregoing, please do not hesitate to contact the office. Thank you for your attention in this regard.

Yours truly;

A handwritten signature in black ink, consisting of several vertical strokes and a horizontal line at the end, representing the name Carlos Al Arenas.

Carlos Al Arenas

Encl.

CAA/ar