

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90109 046 ***150.00

DOCUMENT # **P94000051095**
1. Entity Name
AUGUST STOR M, INC.

DO NOT WRITE IN THIS SPACE

B0056705

2. Principal Place of Business
9940 DOMINICAN DR.
Suite, Apt. #, etc.

3. Mailing Address
9940 DOMINICAN DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **MIAMI FLORIDA** City & State **MIAMI FLORIDA** 4. FEI Number **65-0518037** Applied For
Not Applicable
Zip **33189** Country **USA** Zip **33189** Country **USA** 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 **JONES, PAMELA**
Street Address (P.O. Box Number is Not Acceptable)
9940 DOMINICAN DRIVE
City **MIAMI** FL Zip **33189**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement 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 NAME STREET ADDRESS CITY - ST - ZIP	PSTO JONES, PAMELA 9940 DOMINICAN DRIVE MIAMI FLORIDA 33189	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: **Pamela Lee Jones** PAMELA JONES Pres. 03/22/02 (305) 278568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)