

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010166

1. Entity Name

AUGE INTERNATIONAL, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90129 031 ***150.00

Principal Place of Business

6175 N.W. 167 STREET
 UNIT G-16
 MIAMI FL 33015
 US

Mailing Address

6175 N.W. 167 ST.
 UNIT G-16
 MIAMI FL 33326-3591
 US

2. Principal Place of Business

3. Mailing Address

318 INDIAN TRACE

Suite, Apt. #, etc.

260

City & State

WESTON, FL

Zip

33326

Country

USA

Suite, Apt. #, etc.

260

City & State

WESTON, FL

Zip

33326

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0637901

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

SANCHEZ, CARLOS
 6175 N.W. 167 ST
 UNIT G-16
 MIAMI FL 33015

Name

CARLOS SANCHEZ

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

318 INDIAN TRACE # 260

City WESTON

FL

Zip Code

33326

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, 2000 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 PSTD
 NAME SANCHEZ, CARLOS ☒ Delete
 STREET ADDRESS 6175 N.E. 167 ST., UNIT G-16
 CITY-ST-ZIP MIAMI FL

TITLE PRESIDENT
 NAME CARLOS SANCHEZ ☒ Change ☐ Addition
 STREET ADDRESS 318 INDIAN TRACE, #260
 CITY-ST-ZIP WESTON, FL 33326

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)