2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90106 001 ***300.00

DOCUMENT # P96000068925 ✓

1. Entity Name
EGOISTE, INC.

Principal Place of Business
131 SE MIZNER BLVD
SUITE 16A
BOCA RATON FL

Mailing Address
P.O. BOX ~~421~~ 2805
PALM BEACH FL 33480-0428

71632

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt # etc.		Suite, Apt # etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0703142 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHACHIA, GERARD
C/O KELLER K. KEINER, ATTORNEY
411 SOUTH COUNTRY ROAD, SUITE 20C
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name: Gerard J. Chachia
Street Address (P.O. Box Number is Not Acceptable): 1068 Hypoluxo Rd.
City: Lantana FL Zip Code: 33462

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) ☐

[redacted]

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 NAME STREET ADDRESS CITY-ST-ZIP	D CHACHIA, GERARD 411 S. COUNTRY ROAD, FIRST UNION BLDG #200 PALM BEACH FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: ______________________ 4-20-2001 4.20.2000 561 3719911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #1 pg 1 of 3
pg 1 of 3

Sorry I' Lost the originals.

Gerard Chalmiz.

561 371 9911

PO Box 2805 Palm B

FL 33480