2002 Uniform Business Report (UBR)

Apr 16, 2002 8:00 am Secretary of State P97000074178 DOCUMENT # 1. Entity Name 04-16-2002 90039 048 ***150.00 EWAGRAU ART, INC. Principal Place of Business Mailing Address 2010 SW 135 AVE. 2010 SW 135 AVE. MIAMI FL 33175 **MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0777285 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOMINGUEZ, MIGUEL A Street Address (P.O. Box Number is Not Acceptable) 2010 SW 135 AVE. **MIAMI FL 33175** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Delete TITLE Change ☐ Addition DOMINGUEZ, MIGUEL A NAME NAME 2010 SW 135 AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33175** CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME DOMINGUEZ, JADWIGA E NAME STREET ADDRESS 2010 SW 135 AVE. STREET ADDRESS MIAMI FL 33175 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information

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A. DOMNGUEZ 04-05-02 (305)221-803 IQUEL

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