

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000079002
Entity Name
EGOIST KIDS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State
01-27-2000 90108 020 ***158.75

Principal Place of Business
COLLINS AVE
8F
FL 33154

Mailing Address
8855 COLLINS AVE
APT 8F
SURFSIDE FL 33154-3438
US

Principal Place of Business
8787 BISCAYNE BLVD
Suite, Apt. #, etc.
AVENTURA-FL
City & State
33180
Zip
33180
Country
US

3. Mailing Address
18787 BISCAYNE BLVD
Suite, Apt. #, etc.
AVENTURA/FL
City & State
USA
Zip
33180
Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0782314
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
ROZENCWAIG, LESLIE ALAN ESQ
1 SE 3RD AVE
SUITE 960
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P ST ZIP ADDRESS ST ZIP ST ZIP ST ZIP ST ZIP ST ZIP	<input type="checkbox"/> Delete P ARAUJO, JORGE 8855 COLLINS AVE, #8F SURFSIDE FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #