2001 UNIFORM BUSINESS REPORT (UBR)

4/27

FILED
Jun 07, 2001 8:00 am
Secretary of State
04-27-2001 90293 007 ***158.75

DOCUMENT # P97000079002

1. Entity Name
EGOIST KIDS, INC.

Principal Place of Business	Mailing Address
18787 BISCAYNE BLVD AVENTURA FL 33180 US	~~18787 BISCAYNE BLVD~~ ~~AVENTURA FL 33180~~ ~~US~~

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	8201 NW 66 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 4
City & State	City & State MIAMI, FL
Zip / Country	Zip 33166 / Country US

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 ARAUJO JORGE
Street Address (P.O. Box Number is Not Acceptable) 18787 BISCAYNE BLVD
City AVENTURA Zip Code 33180

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P ARAUJO, JORGE 8855 COLLINS AVE, #8F SURFSIDE FL 33154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: ____________ ARAUJO, JORGE 4/20/01 (305) 537-4511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #