

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**  
 03-26-2002 90031 008 \*\*\*150.00

**DOCUMENT # P97000081493**

1. Entity Name  
**E.G.T. SALES & MARKETING, INC.**

Principal Place of Business  
**ONE SOUTHEAST THIRD AVENUE  
 SUITE 2130  
 MIAMI FL 33131**

Mailing Address  
**% BLASS & FRANKEL P.A.  
 ONE SE THIRD AVENUE, SUITE 2130  
 MIAMI FL 33131**



2. Principal Place of Business  
**17555 Collins Avenue**

3. Mailing Address  
**17555 Collins Avenue**

Suite, Apt. #, etc.  
**Sales Office**

Suite, Apt. #, etc.  
**2801**

City & State  
**Sunny Isles Beach, FL**

City & State  
**Sunny Isles Beach, FL**

4. FEI Number **65-0788149**

Applied For  
 Not Applicable

Zip Country  
**33160 USA**

Zip Country  
**33160 USA**

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

**6. Name and Address of Current Registered Agent**

**COPROLITE CORPORATION  
 ONE SOUTHEAST THIRD AVENUE  
 SUITE 2130  
 MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name  
**YOSI GIL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**17555 Collins Avenue, #2801**  
 City  
**Sunny Isles Beach FL** Zip Code  
**33160**

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, 2002 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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GIL, YOSI ONE SE THIRD AVENUE, SUITE 2130 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S NATIV, YITZHAK ONE SE THIRD AVENUE, SUITE 2130 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**

**YOSI GIL**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/02**  
 Date

**(305) 692-8500**  
 Daytime Phone #

CR2E034 (9/01)