

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90009 027 ***150.00

0169065

DOCUMENT # P99000030082

1. Entity Name
EUGEMS, INC.

Principal Place of Business
1136 PENNSYLVANIA AVE., #10
MIAMI BCH FL 33139

Mailing Address
1136 PENNSYLVANIA AVE., #10
MIAMI BCH FL 33139

525725



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1401 BAY ROAD
Suite, Apt. #, etc.
311

3. Mailing Address
1401 BAY ROAD
Suite, Apt. #, etc.
311

City & State
MIAMI BEACH, FL
Zip
33139
Country
USA

City & State
MIAMI BEACH, FL
Zip
33139
Country
USA

4. FEI Number 65-0904543

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEREZ, RAYNIER
1136 PENNSYLVANIA AVE., #10
MIAMI BCH FL 33139

Name
PEREZ, RAYNIER
Street Address (P.O. Box Number is Not Acceptable)
1401 BAY ROAD # 311
City MIAMI BEACH, FL Zip Code 33139

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
D
PEREZ, RAYNIER
1136 PENNSYLVANIA AVE., #10
MIAMI BCH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PEREZ, RAYNIER
1401 BAY ROAD # 311
MIAMI BEACH, FL 33139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYNIER PEREZ

04/04/01

Date

(305) 535-7327

Daytime Phone #

CR2E034 (10/00)