

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038609

1. Entity Name

AEGIS INVESTMENT GROUP, INC.

Principal Place of Business

2600 DOUGLAS RD. #500
CORAL GABLES FL 33134

Mailing Address

2600 DOUGLAS RD. #500
CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 145056

Suite, Apt. #, etc.

City & State

Coral Gables, FL.

Zip

Country

33114

Country

U.S.A.

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, GERMAN A
15350 N.W. 79TH CT.
MIAMI LAKES FL 33016

CHANGE OF ADDRESS →

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1101 Brickell Ave Suite 1100

City

MIAMI

FL

Zip Code

33131

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME MAS, RAUL
STREET ADDRESS 519 MALAGA
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME MAS, RAUL
STREET ADDRESS 735 ALMERIA # 4
CITY-ST-ZIP CORAL GABLES, FL 33114

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED RAUL MAS

9/29/00

(305) 530-2531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 15 AM 10:41

REINSTATEMENT

CR2E034 (5/00)