

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048815

1. Entity Name

E.G.E. CREATIVE AND ADVERTISING SERVICES, CORP.

FILED
Aug 14, 2000 8:00 am
Secretary of State

08-14-2000 90002 049 ***550.00

Principal Place of Business

395 N.W. 86TH PL
#6
MIAMI FL 33126

Mailing Address

395 N.W. 86TH PL
#6
MIAMI FL 33126

2. Principal Place of Business

8180 NW 36st.
Suite, Apt. #, etc.
Suite 323

3. Mailing Address

8180 NW 36st.
Suite, Apt. #, etc.
Suite 323

City & State

Miami, FL 33166

City & State

Miami FL

Zip

Country

Dade

Zip

33166

Country

Dade

4. FEI Number

65-0923024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOMEZ, EDUARDO C
395 N.W. 86TH PL
#6
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 ☐ Delete
NAME D
STREET ADDRESS GOMEZ, EDUARDO C
CITY-ST-ZIP 395 N.W. 86TH PL
MIAMI FL 33126

TITLE ☐ Delete
NAME D
STREET ADDRESS OCHOA, NYDIA O
CITY-ST-ZIP 395 N.W. 86TH PL
MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-00

Date

305-499-9901

Daytime Phone #

CR2E034 (5/00)