Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2001 8:00 am DOCUMENT # **P99000088027 Secretary of State** 1. Entity Name AGUR INC. 03-29-2001 90381 001 ***150.00 Principal Place of Business Mailing Address 100 N BISCAYNE BLVD, SUITE 2904 100 N BISCAYNE BLVD. SUITE 2904 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0963240 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENICHAY, BRIGITTE Street Address (P.O. Box Number is Not Acceptable) 100 N BISCAYNE BLVD, SUITE 2904 **MIAMI FL 33131** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 3R2E034 (10/00) TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME DE AIZPURUA, JEAN NAME STREET ADDRESS STREET ADDRESS 100 N BISCAYNE BLVD, SUITE 2904 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Change ☐ Delete TITLE ☐ Addition TITLE NAME DE AIZPURUA, JOSEPHINE NAME STREET ADDRESS 100 N BISCAYNE BLVD, SUITE 2904 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP MIAMI FL 33131 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BERROUET, JEAN-CHRISTOPH E-NAME NAME. STREET ADDRESS STREET ADDRESS 100 N BISCAYNE BLVD, SUITE 2904 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33131** TITLE ☐ Delete TITLE ☐ Change Addition BERROUET, CHRISTINE NAME NAME STREET ADDRESS STREET ADDRESS 100 N BISCAYNE BLVD. SUITE 2904 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33131 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ke empowered. 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true a of the corporation or the receiver or trustee empowered