FROM :RICH HUMES FAX NO. :3053796353

FILED
Aug 25, 2002 8:00 am
Secretary of State
08-25-2002 90218 020 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000088027

B0135080

[redacted]

1. Entity Name
AGUR INC.

Principal Place of Business
100 N BISCAYNE BLVD. SUITE 2904
MIAMI FL 33131

Mailing Address
100 N BISCAYNE BLVD. SUITE 2904
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0963240 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BENICHAY, BRIGITTE
100 N BISCAYNE BLVD, SUITE 2904
MIAMI FL 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 10, 2002 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ $3.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE P ☐ Delete NAME DE AIZPURUA, JEAN STREET ADDRESS 100 N BISCAYNE BLVD, SUITE 2904 CITY-ST-ZIP MIAMI FL 33131	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE V ☐ Delete NAME DE AIZPURUA, JOSEPHINE STREET ADDRESS 100 N BISCAYNE BLVD, SUITE 2904 CITY-ST-ZIP MIAMI FL 33131	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE S ☐ Delete NAME BERROUET, JEAN-CHRISTOPH E STREET ADDRESS 100 N BISCAYNE BLVD, SUITE 2904 CITY-ST-ZIP MIAMI FL 33131	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE T ☐ Delete NAME BERROUET, CHRISTINE STREET ADDRESS 100 N BISCAYNE BLVD, SUITE 2904 CITY-ST-ZIP MIAMI FL 33131	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE: _____ Date
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

J.C. BERROUET Jean-Christophe