

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90174 030 ***150.00

DOCUMENT # **P99000088027**

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**

11009771



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0963240**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**BENICHAY, BRIGITTE
100 N BISCAYNE BLVD, SUITE 2904
MIAMI FL 33131**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/18/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	P	DE AIZPURUA, JEAN	100 N BISCAYNE BLVD, SUITE 2904 MIAMI FL 33131	☐					☐	☐
	V	DE AIZPURUA, JOSEPHINE	100 N BISCAYNE BLVD, SUITE 2904 MIAMI FL 33131	☐					☐	☐
	S	BERROUET, JEAN-CHRISTOPH E	100 N BISCAYNE BLVD, SUITE 2904 MIAMI FL 33131	☐					☐	☐
	T	BERROUET, CHRISTINE	100 N BISCAYNE BLVD, SUITE 2904 MIAMI FL 33131	☐					☐	☐
				☐					☐	☐
				☐					☐	☐

12. 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 10 or Block 11 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

4/18/03

305-379-7202

Date

Office Phone #

CR2E034 (10/02)