

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000099634**1. Entity Name  
**EUGIWORKS INCORPORATED**

Principal Place of Business	Mailing Address
1790 W 49 ST #305-4 HIALEAH 33012	12337 N.W. 98 CT.  HIALEAH GARDENS 33018
US	FL

2. Principal Place of Business  
940 S.W. 159 TERR.3. Mailing Address  
940 S.W. 159 TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
PEMBROKE PINES FLCity & State  
PEMBROKE PINES FL4. FEI Number  
**65-0964396**Applied For  
Not ApplicableZip Country  
33027 USZip Country  
330275. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****ALVAREZ EUGENIO**  
12337 N.W. 98 CT.**HIALEAH GARDENS** FL  
33018**7. Name and Address of New Registered Agent**Name  
**ALVAREZ EUGENIO**Street Address (P.O. Box Number is Not Acceptable)  
940 S.W. 159 TERR.City  
**PEMBROKE PINES** FL Zip Code  
33027

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 **EUGENIO J. ALVAREZ****02/19/2001**

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	VTSD	<input type="checkbox"/> Delete
NAME	<b>ALVAREZ LYZETTE</b>	
STREET ADDRESS	12337 N.W. 98 CT.	
CITY-ST-ZIP	<b>HIALEAH GARDENS</b> FL 33018	

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>ALVAREZ EUGENIO J</b>	
STREET ADDRESS	12337 N.W. 98 CT.	
CITY-ST-ZIP	<b>HIALEAH GARDENS</b> FL 33018	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ LYZETTE</b>	
STREET ADDRESS	940 S.W. 159 TERR.	
CITY-ST-ZIP	<b>PEMBROKE PINES</b> FL 33027	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ EUGENIO J</b>	
STREET ADDRESS	940 S.W. 159 TERR.	
CITY-ST-ZIP	<b>PEMBROKE PINES</b> FL 33027	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** **Lyzette Alvarez**

VTSD 02/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)