NOV-01-00 WED 12:32 PM LAZARUS CORPORATION FAX:3052201440

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 PM 3:53

DOCUMENT # P99000107808

1. Entity Name
E. G. COMMERCIAL INVESTMENT INC.

Principal Place of Business
6130 NW 74th AVE
MIAMI FLA 33166

Mailing Address
6130 NW 74th AVE
MIAMI FLA 33166

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

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

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1008619 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ERDIO GOMEZ
6130 NW 74th AVE
MIAMI FLA 33166

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) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT.	☐ Delete
NAME	ERDIO GOMEZ,	
STREET ADDRESS	909 ALBERCA St. Coral Gable,	
CITY-ST-ZIP	FLA. 33124	
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		
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		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

AD

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.

H00000057495

11-1-2000 Date (305)576-7617 Daytime Phone #

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division of Corporations

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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(((H00000057495 4)))

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CORPORATION REINSTATEMENT

E.G. COMMERCIAL INVESTMENT INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$758.75