2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # V22645** Mar 28, 2000 8:00 am 1. Entity Name **Secretary of State** EGE CONSULTING, INC. 03-28-2000 90100 042 ***150.00 Principal Place of Business Mailing Address 12125 SW 101ST STREET 12125 SW 101ST STREET MIAMI FL 33186 MIAMI FL 33186-2626 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0319099 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EGE. JACQUELINE J. Street Address (P.O. Box Number is Not Acceptable) 12125 SW 101ST STREET **MIAMI FL 33186** 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE ☐ Delete EGE. JACQUELINE J. NAME NAME STREET ADDRESS STREET ADDRESS 12125 SW 101ST STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Delete ☐ Change ☐ Addition TITLE EGE, RAIMUND K. NAME STREET ADDRESS STREET ADDRESS 12125 SW 101ST STREET CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Change Addition --- Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP ☐ Change TITI F Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

GULLA LA SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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305-274-6463

Daytime Phone #