2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000000626

1. Entity Name

1471 OFFICE BUILDING, LTD.

Principal Place of Business	Mailing Address
1110 BRICKELL AVENUE. 7TH FLOOR MIAMI FL 33131	% A.G. ELITE CORP. 10155 COLLINS AVE., PH7 BAL HARBOUR FL 33154-1601

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business *%o Sidney Gill REL*
10153 Collins Ave ~PH7

Suite, Apt. #, etc. *#1907*

City & State *BAL HARBOUR, FLA*

Zip *33154*   Country *USA*

3. Mailing Address *%o Sidney Gimbel*
10155 Collins Ave

Suite, Apt. #, etc. *#1907*

City & State *BAL HARBOUR, FLA*

Zip *33154*   Country *USA*

DO NOT WRITE IN THIS SPACE

4. FEI Number *65-0911672*   ☐ Applied For / Not Applicable

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
LEVINE, ALAN W ESQ. 1110 BRICKELL AVENUE, 7TH FLOOR 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.

SIGNATURE _____

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

9. Capital Contributions as Shown on record.	**$400,000.00**	10. Amount of Capital Contributions in FLORIDA to date. *400,000.00*	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # P97000008152 NAME A.G. ELITE CORP. STREET ADDRESS 10155 COLLINS AVENUE, PH 7 CITY-ST-ZIP BAL HARBOUR FL 33154	STREET ADDRESS CITY-ST-ZIP
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CR2E003 (9/93)

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *A.G. ELITE, CORP SIGNATURE (Scribbled)*   *4/5/000*   *305-866-9542*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #