2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # K69946** AGB ENTERPRISES, INC. 04-27-2001 90305 044 ***150.00 Principal Place of Business Mailing Address 1705 NW 36TH COURT 1705 NW 36TH COURT OAKLAND PARK FL 33309 OAKLAND PARK FL 33309 2. Principal Place of Business 3. Mailing Address 1081 SW 0815W TERRULE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0107687 ompane Not Applicable \$8.75 Additional 306<u>0</u> 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARTHA, CAROLINE Street Address (P.O. Box Number is Not Acceptable) 7401 N. UNIVERSITY DRIVE #105 TAMARAC FL 33321 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Baetha Capolive 1081 321 4 Terrace BARTHA, CAROLINE NAME STREET AGDRESS 7401 N. UNIVERSITY DRIVE, #105 STREET ADDRESS Pompano Beach, FL 33060 CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP Bluschik Anonew 1081 SW 4 TERRUCE Pompaso Beach, FL, 33060 TITLE Delete TITLE BLASCHIK, ANDREW NAME NAME STREET ADDRESS 1705 N.W. 36TH COURT STREET ADDRESS CITY-ST-7IP OAKLAND PARK FL 33309 CITY - ST - ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change [Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP 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 prosted 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

NTED NAME OF SIGNING OFFICER OR DIRECTOR