

2000 UNIFORM BUSINESS REPORT (UBR)

P91904

DOCUMENT # P95000016109

P95000016109

1. Entity Name
AAG GENERAL, INC.

FILED

00 SEP -6 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
9350 S. DIXIE HIGHWAY 9350 S. DIXIE HIGHWAY
SUITE 900 SUITE 900
MIAMI 33 158 MIAMI 33 33156-2945

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0575631 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MARCIANO, SHELLEY
9350 S. DIXIE HIGHWAY
SUITE 900
MIAMI FL 33156

7. Name and Address of New Registered Agent
Name **000003398090**
Street Address (P.O. Box Number is Not Acceptable) **18/19/00--01049--005**
City **FL** Zip Code *****150.00 ***150.00**

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D PUCK, ROBERT 9350 S. DIXIE HWY #900 MIAMI FL 33156 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D and CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Blank, Mark 9350 S. Dixie Hwy #900 Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Blank, Andy 9350 S. Dixie Hwy #900 Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Blank, Tony 9350 S. Dixie Hwy #900 Miami, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, trustee, or person 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: **MARCIANO** Date: **1/27/00** Daytime Phone #: **(305) 670-0277**

CRE034 (9/99)

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P95-16109

AAG General, Inc.

9350 South Dixie Hwy., Suite 900, Miami, FL 33156

August 30, 2000

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

**Ref: 2000 Uniform Business Report
AAG General, Inc.
FEI # 65-0575631
Document# P95000016109**

Dear Sir or madam,

Attached please find our check for \$150.00. This is a replacement check for our original check #118, issued in January 2000 along with the 2000 Uniform Business Report.

Per my telephone conversation today with one of your representatives, the original check was returned to us due to missing signature but was never received by us. I have attached a copy of original documents sent in January for your verification. Please accept this replacement check without penalty.

Sincerely,



Gregor Blaise
Controller

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P9906001609

is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

Div. of Corp.
P.O. Box 1560
Tallahassee, FL

4a. Article Number
Z 421 708 041

4b. Service Type

Registered
 Express Mail
 Return Receipt for Merchandise Certified Registered

5. Receiver's Name (Print Name)

6. Signature: (Addressee or Agent)

7. Date of Delivery
JAN 31 2000

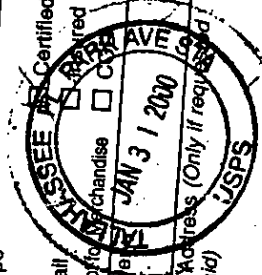
8. Addressee's Address (Only if requested and fee is paid)

1. Addressee's Address
 2. Restricted Delivery

Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

Thank you for using Return Receipt Service.



PS Form 3811, December 1994

102595-98-B-0228 Domestic Return Receipt

Z 421 808 041

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AAG GENERAL, INC.
9350 S. DIXIE HWY., STE. 900
MIAMI, FL 33156

P99000016109
2000 63-643/670
00923

PAY TO THE ORDER OF Florida Department of State \$ 150.00
One Hundred Fifty And 00/100 DOLLARS

FIRST UNION First Union National Bank of Florida
Miami Springs, Florida
24 Hour Information Service
1-800-735-1012

FOR DOCT# P95000016109

⑈000118⑈ ⑆067006432⑆2090002381971⑈

This ck returned for non-signature, in Feb. Per tel. conv. on 8/30. Replacement ck sent.

621 E. Gaines Street
32309

850 518-1000

201-72-3232