

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90119 026 ***150.00

DOCUMENT # P98000101782

1. Entity Name

AGS PROPERTIES CORPORATION

Principal Place of Business

Mailing Address

6075 SUNSET DRIVE #201
 SOUTH MIAMI FL 33143

6075 SUNSET DRIVE #201
 SOUTH MIAMI FL 33116-5539

2. Principal Place of Business

2 N.E. 40 STREET

3. Mailing Address

4 SQUARE ONE ASSOCIATES, INC.

Suite, Apt. #, etc.

4TH FLOOR

Suite, Apt. #, etc.

P.O. Box 165539

City & State

MIAMI, FL

City & State

MIAMI, FL.

4. FEI Number

65-0879699

Applied For

Not Applicable

Zip

33137

Country

USA

Zip

33116-5539

Country

USA

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

GROSSMAN, JEROME
 6075 SUNSET DRIVE #201
 SOUTH MIAMI FL 33143

Name

JEROME GROSSMAN

Street Address (P.O. Box Number is Not Acceptable)

2 N.E. 40 STREET (4 FLOOR)

City

MIAMI

FL

Zip Code

33137

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.

JEROME GROSSMAN

(NOTE: Registered Agent signature required when reinstating)

1/5/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** Delete
 NAME **SALUSTIANO COSTA LIMA DA SILVA**
 STREET ADDRESS **6075 SUNSET DRIVE #201**
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **PT** Change Addition
 NAME **SALUSTIANO COSTA LIMA DA SILVA**
 STREET ADDRESS **2 N.E. 40 STREET (4 FLOOR)**
 CITY-ST-ZIP **MIAMI, FL. 33137**

TITLE **VP** Delete
 NAME **ELIDIA HERTZOG DA SILVA**
 STREET ADDRESS **6075 SUNSET DRIVE #201**
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **VP** Change Addition
 NAME **ELIDIA HERTZOG DA SILVA**
 STREET ADDRESS **2 N.E. 40 STREET (4 FLOOR)**
 CITY-ST-ZIP **MIAMI, FL. 33137**

TITLE **VP** Delete
 NAME **ALZIRA DENISE HERTZOG DA SILVA**
 STREET ADDRESS **6075 SUNSET DRIVE #201**
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **VP** Change Addition
 NAME **ALZIRA DENISE HERTZOG DA SILVA**
 STREET ADDRESS **2 N.E. 40 STREET (4 FLOOR)**
 CITY-ST-ZIP **MIAMI, FL. 33137**

TITLE **VPS** Delete
 NAME **GROSSMAN, JEROME**
 STREET ADDRESS **6075 SUNSET DR #201**
 CITY-ST-ZIP **SOUTH MIAMI FL 33143**

TITLE **VPS** Change Addition
 NAME **GROSSMAN, JEROME**
 STREET ADDRESS **2 N.E. 40 STREET (4 FLOOR)**
 CITY-ST-ZIP **MIAMI, FL. 33137**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEROME GROSSMAN, V.P.

1/5/00

DATE

(305) 574-8300

DAYTIME PHONE #