

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90059 043 ***150.00

00048958

DO NOT WRITE IN THIS SPACE

DOCUMENT # V46919 ✓
1. Entity Name
 A.G. Business Co

Principal Place of Business **Mailing Address**
 19208 NE 25 Avenue #303 19208 NE 25 Ave #303
 N Miami Beach, FL N Miami Beach, FL

2. Principal Place of Business **3. Mailing Address**

Suite, Apt #, etc. **Suite, Act. #, etc.**

City & State **City & State**

4. FEI Number **5. Certificate of Status Desired** **\$8.75 Additional Fee Required**

65-0431203

6. Name and Address of Current Registered Agent
 Frank, Ella
 19208 NE 25 Avenue #303
 N Miami Beach, FL 33180

7. Name and Address of New Registered Agent
 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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001, Fee will be \$550.00
 Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

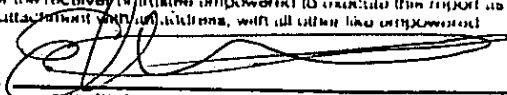
11. OFFICERS AND DIRECTORS

| | |
|------------------------|--|
| TITLE | P/D <input type="checkbox"/> Delete |
| NAME | Frank, Ella |
| STREET ADDRESS | 19208 NE 25 Ave #303 |
| CITY - ST - ZIP | N Miami Beach, FL |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|------------------------|--|
| TITLE | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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 1907(2)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature also has 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 687, Florida Statutes, and that my name appears in Block 11 or Block 12 of this report, or on an attachment thereto, with all other like empowered

SIGNATURE:  **Ella Frank** 4/14/01