2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102534 1. Entity Name AGEWSN REAL, INC.					FILED ELURETARY OF STATE EVISION OF CORPORATIONS OO MAR -3 AM (1: 0)		
Priņcipal Plac		Mailing Address 3500 GATEWAY DRIVE			UU MAR +3	ANII: OI	
suité, 201 Pompano Beach FL 33069		SUITE 201 POMPANO BEACH FL 33069-4870			: Markaet (20 ionia anni aoni aoni aoni	1821 88118 (1882 821 82 116	!! 8 ! 3 ! !\$\$!
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN		plied For
City & State		City & State		4.	65-0737409	No	t Applicable
Zip 	Country	Zip	Country		Certificate of Status Desired Name and Address of New Regist	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent			Name		name and Address of New August	ered Agent	
3500	Berg, Libo B esq. Gateway Drive E 201		Street Add	Address (P.O. Box Number is Not Acceptable)			
	PANO BEACH FL 33069		City			FL Zip Code	
SIGNATURE . 9. This corporate filing r	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!!	: Registered Agent signature	n nedw beriupen n) 0.00		++	0 May Be
(See criter	ria on back)	Make Check Payabl	le to Department of 12.		DITIONS/CHANGES TO OFFICER	S AND DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, RENEE K 3500 GATEWAY DR, STE 201 POMPANO BEACH FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLDMAN, RICHARD M 3500 GATEWAY DR, STE 201 POMPANO BEACH FL 33069	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		4000031 6 -03/10/00- ****158.7		□ Addition 4 18 3.75
NAME STREET ADDRESS CITY-ST-ZIP	VSTD- FINEBERG, LIBO B 3500 GATEWAY DR, STE 201 POMPANO BEACH FL 33069	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	[] Addition -
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bh.	3\7	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	His Coast	119 07(3)(i) Florida Statutas I furth	☐ Change	Addition

I hereby certify that the information supplied with this filling 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 all other like empowered. Renee K. Goldman President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR