

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102534

1. Entity Name

AGEWSN REAL, INC.

Principal Place of Business

3500 GATEWAY DRIVE
SUITE 201
POMPANO BEACH FL 33069

Mailing Address

3500 GATEWAY DRIVE
SUITE 201
POMPANO BEACH FL 33069

2. Principal Place of Business

1570 Town Center Circle

3. Mailing Address

1570 Town Center Circle

Suite, Apt. #, etc.

Weston, FL

Suite, Apt. #, etc.

Weston, FL

City & State

Weston, FL

City & State

Weston, FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. FEI Number

65-0737409

Applied For

Not Applicable

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

FINEBERG, LIBO B ESQ.
3500 GATEWAY DRIVE
SUITE 201
POMPANO BEACH FL 33069

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

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, 2001 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 PD ☐ Delete
NAME GOLDMAN, RENEE K
STREET ADDRESS 3500 GATEWAY DR, STE 201
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME GOLDMAN, RICHARD M
STREET ADDRESS 3500 GATEWAY DR, STE 201
CITY-ST-ZIP POMPANO BEACH FL 33069

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VSTD ☐ Delete
NAME FINEBERG, LIBO B
STREET ADDRESS 3500 GATEWAY DR, STE 201
CITY-ST-ZIP POMPANO BEACH FL 33069

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

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:

Renee K. Goldman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Renee K. Goldman 4-26-01 954-394-5454
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)