

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90103 046 \*\*\*150.00

**DOCUMENT # S46488**

1. Entity Name

AGK, INC.

Principal Place of Business

6295 LAKE WORTH ROAD  
 31-34  
 LAKE WORTH FL 33463

Mailing Address

6295 LAKE WORTH ROAD  
 31-34  
 LAKE WORTH FL 33463

2. Principal Place of Business

6295 LAKE WORTH RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

31-34

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

4. FEI Number 65-0257515

Applied For

Not Applicable

Zip

33463

Country

PALM BEACH

Zip

Country

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

KALOGEROPOULOS, ARIS  
 6295 LAKE WORTH ROAD  
 SUITE 31-34  
 LAKE WORTH FL 33463

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 PDS  
 NAME KALOGEROPOULOS, ARISTIDIS G  
 STREET ADDRESS 6295 LAKE WORTH RD., #31-34  
 CITY-ST-ZIP LAKE WORTH FL

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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 CITY-ST-ZIP

☐ Delete

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 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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 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: A. Kalogeropoulos  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01 561-434-1437

CR2E034 (10/00)