

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 28, 2001 08:00 AM****Secretary of State****DOCUMENT # 503139**1. Entity Name
AGI ENTERPRISE, INC.**Principal Place of Business**17570 N. TAMiami TRAIL
P. O BOX 1830
FT MYERS
33902

FL

Mailing Address17570 N. TAMiami TRAIL
P. O BOX 1830
FT MYERS
33902

FL

2. Principal Place of Business

17570 N. TAMiami TRAIL

3. Mailing Address

P.O. BOX 2667

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT MYERS

FL

City & State

FT MYERS

FL

4. FEI Number**59-1673320**

Applied For

Not Applicable

Zip

33917

Country**Zip**

33902

Country**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**VIRJI NAUSHAD
3991 HIDDEN ACRES CIRNO. FORT MYERS
33903

FL

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 **NAUSHAD VIRJI**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06/28/2001

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**

TITLE	P	<input type="checkbox"/> Delete
NAME	VIRJI NAUSHAD	
STREET ADDRESS	3991 HIDDEN ACRES CIR	
CITY-ST-ZIP	N FT MYERS	FL
TITLE	S	<input type="checkbox"/> Delete
NAME	VIRJI, NAZNEEN	
STREET ADDRESS	3934 HIDDEN ACRES	
CITY-ST-ZIP	N. FORT MYERS	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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRJI NAUSHAD	
STREET ADDRESS	P.O. BOX 2667	
CITY-ST-ZIP	FORT MYERS	FL 33902
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRJI, NAZNEEN	
STREET ADDRESS	P.O. BOX 2667	
CITY-ST-ZIP	FORT MYERS	FL 33902
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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 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: Naushad Virji

P

06/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)