## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 16, 2002 8:00 am Secretary of State **DOCUMENT#** 503139 1. Entity Name 07-16-2002 90357 020 \*\*\*550.00 AGI ENTERPRISE, INC. Principal Place of Business Mailing Address 17570 N. TAMIAMI TRAIL P.O. BOX 2667 FT MYERS FL 33917 FT MYERS FL 33902 2. Principal Place of Business 3. Mailing Address 801 INTERNATIONAL <u>P.D. Box 950489</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5TH FLOOR City & State City & State 4. FEI Number Applied For Lake MARY 59-1673320 MARY Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NAUSHAD VIRJI, NAUSHAD Street Address (P.O. Box Number is Not Acceptable) 3991 HIDDEN ACRES CIR NO. FORT MYERS FL 33903 Zip Code LONGWOOD 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Change ☐ Addition NAME VIRJI, NAZNEEN NAZNEEN VIRNI NAME P.O. BOX 2667 STREET ADDRESS 950489 l.o. Box STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33902 CITY-ST-ZIP TITLE Delete Change ■ Addition NAME VIRJI. NAUSHAD NAUSHAD NAME STREET ADDRESS P.O. BOX 2667 STREET ADDRESS 3231 REGAL CREST CITY-ST-7IP FORT MYERS FL 33902 CITY-ST-ZIP ☐ Delete TITLE 1 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI E Change ☐ Addition NAME STREET ADDRESS STRÉET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 2 Carried St. Com. ☐ Delete TITLE ☐ Addition NAME Commence NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

407-562-1965