

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90391 004 ***150.00

DOCUMENT # F97000003164

1. Entity Name

AGC - SP, INC.

| | |
|--|--|
| Principal Place of Business 4800 N FEDERAL HIGHWAY SUITE 105E BOCA RATON, FL 33431 | Mailing Address 200 S BISCAYNE BLVD SUITE 4900 MIAMI, FL 33131 |
|--|--|

A0068347

| | |
|--|--|
| 2. Principal Place of Business 13790 NW 4TH STREET | 3. Mailing Address 13790 NW 4TH STREET |
| Suite, Apt. #, etc. SUITE 113 | Suite, Apt. #, etc. SUITE 113 |
| City & State SUNRISE, FL | City & State SUNRISE, FL |
| Zip 33325 | Country |

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 65-0760903 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent GRAGG, LAWRENCE K. 200 S. BISCAYNE BLVD. SUITE 4900 MIAMI, FL 33131 | 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

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 NAME STREET ADDRESS CITY - ST - ZIP | PD ACKERMAN, RICHARD S 4800 N FEDERAL HWY STE 105E BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD AHERN, PATRICK M. C/O AHERN.2 GREENWICH PLAZA GREENWICH, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V GITLIN, GENE 4800 N FEDERAL HWY STE 105E BOCA RATON, FL 33431 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD GIBLIN JR., E.M. 13790 NW 4TH STREET STE 113 SUNRISE, FL 33325 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD WILCOX II, R. JOHN C/O AHERN.2 GREENWICH PLAZA GREENWICH, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD WILCOX, ROBERT J C/O AHERN.2 GREENWICH PLAZA GREENWICH, CT 06830 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | V MILLER, ANDREA 13790 NW 4TH STREET STE 113 SUNRISE, FL 33325 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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:

E.M. GIBLIN, JR.

04/26/01

954-838-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #