

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90057 002 \*\*\*150.00

DOCUMENT # M05002

1. Entity Name

AMERICAN GOVERNMENT CERTIFICATES & FUNDS CORPORATION



Principal Place of Business  
1390 S DIXIE HIGHWAY, #2119  
CORAL GABLES FL 33146  
US

Mailing Address  
1390 S DIXIE HIGHWAY, #2119  
CORAL GABLES FL 33146  
US

2. Principal Place of Business

1390 S Dixie Hwy  
Suite, Apt. #, etc.  
# 2111

3. Mailing Address

1390 S Dixie Hwy.  
Suite, Apt. #, etc.  
# 2111

City & State  
Coral Gables FL

City & State  
Coral Gables

Zip  
33146

Country  
USA

Zip  
33146

Country  
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2469665

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENRIQUEZ, MARIA  
1390 S DIXIE HIGHWAY, #2119  
CORAL GABLES FL 33146

7. Name and Address of New Registered Agent

Name Maria Enriquez  
Street Address (P.O. Box Number is Not Acceptable)  
1234 Andora Ave  
City Coral Gables FL Zip Code 33146

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Maria Enriquez (Maria ENRIQUEZ) 3/10/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TC  
NAME ENRIQUEZ, MARIA  
STREET ADDRESS 1234 ANDORA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE D  
NAME ENRIQUEZ OSCAR  
STREET ADDRESS 9210 SW 101 AVE  
CITY-ST-ZIP MIAMI FL 33176 ☐ Delete

TITLE DP  
NAME ENRIQUEZ CARLOS  
STREET ADDRESS 1234 ANDORA AVE  
CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: Maria Enriquez (Maria ENRIQUEZ) (305) 798-5833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)