

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M72066

1. Entity Name

A.G.P. DEVELOPMENT, INC.

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90170 004 \*\*\*150.00

Principal Place of Business

11790 SW 89 ST  
 MIAMI FL 33186

Mailing Address

11790 SW 89 ST  
 MIAMI FL 33186-2165

2. Principal Place of Business

9700 So. Dixie Hwy.

Suite, Apt. #, etc.

Ste. 900

City & State

Miami, FL

Zip

33156

Country

U.S.A.

3. Mailing Address

9700 So. Dixie Hwy.

Suite, Apt. #, etc.

Ste. 900

City & State

Miami, FL

Zip

33156

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0035532

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, JEFFREY M.  
 11790 SW 89 ST  
 MIAMI FL 33186-9166

7. Name and Address of New Registered Agent

Name

Greenberg, Jeffrey M

Street Address (P.O. Box Number is Not Acceptable)

9700 So. Dixie Hwy. Ste. 900

City

Miami

FL

Zip Code

33156

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  
 Taxing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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	D	<input type="checkbox"/> Delete
NAME	GREENBERG, JEFFREY M.	
STREET ADDRESS	14850 SW 187 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALBRIGHT, JOHN	
STREET ADDRESS	4703 RIVIERA DR	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, YVETTE	
STREET ADDRESS	10341 S.W. 102 AVENUE	
CITY-ST-ZIP	MIAMI 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greenberg, Jeffrey M	
STREET ADDRESS	15481 S.W 146 Street	
CITY-ST-ZIP	Miami, FL 33146	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGHT JOHN	
STREET ADDRESS	1255 BLUE RD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Palmer, Yvette	
STREET ADDRESS	11149 S.W 78 Ave	
CITY-ST-ZIP	Miami, FL 33158	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*  
 Date

Daytime Phone #

CR2E034 (9/99)