

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # P00000007858

1. Entity Name

A.G.E. SERVICES, INC.



03 SEP 17 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9235 SW 8 STREET

3. Mailing Address

9235 SW 8 STREET

Suite, Apt. #, etc.

STE. 312

Suite, Apt. #, etc.

STE. 312

DO NOT WRITE IN THIS SPACE

0203

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

4. FEI Number

65-0974390

Applied For

Not Applicable

Zip

33428

Country

US

Zip

33428

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ELI NICHOF

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

9235 SW 8 STREET, STE. 312

City BOCA RATON

FL

Zip Code

33428

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IN THIS SPACE

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

ELI NICHOF

9-16-03

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

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
ELI NICHOF
9235 SW 8 STREET, STE. 312
BOCA RATON, FL 33428

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000023176910
09/18/03--01074--002 **300.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 on an attachment with an address with all other like empowered.

SIGNATURE:

ELI NICHOF

9-16-03

561-542-8244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

20f2

A.G.E. SERVICES, INC.
9235 SW 8th Street, Suite 312
Boca Raton, FL 33428

9-16-03

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Re: P00000007858

To Whom It May Concern:

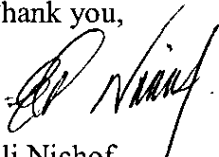
It has just come to my attention that my corporation has been dissolved for not filing its 2002 UBR.

My mailing address had changed and I never received my 2002 renewal documents. As such, I would like to request an abatement of any penalties associated with the reinstatement of my corporation.

Enclosed I have provided a blank report that I have filled out, along with a check for \$300.00 to cover the filing fees for the past two years.

Please reinstate my company and update my information accordingly.

Thank you,



Eli Nichof
President