## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 12, 2001 8:00 am DOCUMENT # P0000016176 **Secretary of State** AG MANAGEMENT SERVICES, INC. 03-12-2001 90473 006 \*\*\*150.00 Principal Place of Business Mailing Address 3220 S.W. 123RD COURT 3220 S.W. 123RD COURT MIAMI FL 33175 MIAM! FL 33175 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For 65-0983558 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired' Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AGUIDO, FELIX Street Address (P.O. Box Number is Not Acceptable) 3220 S.W. 123RD COURT **MIAMI FL 33175** 3220 SW 123 COURT 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Delete GILDA M. AGUDO NAME AGUDO, FELIX NAME 3220 Sw 123 COURT STREET ADDRESS STREET ADDRESS 3220 S.W. 123RD COURT MIAMI, EL 33175 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 ☐ Addition TITLE ☐ Delete TITLE Change NAME AGUDO, FELIX J STREET ADDRESS STREET ADDRESS 3220 S.W. 123RD COURT CITY\_ST\_ZIP CITY-SI-ZIP MIAMI:FL-33175-TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change □ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 eath; 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:

\*\*TAQUAD\*\* 3/5/01\*\* 56/1992-44419\*\*

\*\*TAQUAD\*\* 3/5/01\*\*

\*\*TAQUAD\*\* 3/

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS