

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90229 007 ***158.75

DOCUMENT # P00000063551

1. Entity Name
AGORA IMPORTS OF FLORIDA, INC.

Principal Place of Business Mailing Address
601 BRICKELL KEY DRIVE STE 802 601 BRICKELL KEY DRIVE STE 802
MIAMI FL 33131 MIAMI FL 33131



2. Principal Place of Business 3. Mailing Address
6955 N.W. 52nd ST. 6955 N.W. 52nd ST.

Suite, Apt., #, etc. Suite, Apt., #, etc.
108 # 108

DO NOT WRITE IN THIS SPACE

City & State City & State
MIAMI, FLORIDA MIAMI, FLORIDA

4. FEI Number Applied For
45-1029086 Not Applicable

Zip Country Zip Country
33166 USA 33166 USA

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

6. Name and Address of Current Registered Agent
VAZQUEZ, GERARDO A ESQ
601 BRICKELL KEY DRIVE STE 802
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name **PEDRO M. GALLINAR + ASSOC. P.A.**
 Street Address (P.O. Box Number is Not Acceptable)
6701 SUNSET DRIVE
100
 City **MIAMI, FL** Zip Code **33143**

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]* DATE **4-29-02**
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.
FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DPS VILLAREAL, GABRIEL 601 BRICKELL KEY DR., #802 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VILLAREAL, GABRIEL 6955 NW 52nd ST. STE #108 MIAMI, FL, 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ramirez, Eduardo 6955 NW 52nd ST. STE 108 MIAMI, FL, 33166 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE **4-29-02** DAYTIME PHONE # **305-471-0059**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/01)