## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State DOCUMENT # P00000063551 1. Entity Name 05-07-2002 90229 007 \*\*\*158.75 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 6955 N.W. 3. Mailing Address N.W. 52 M2 DO NOT WRITE IN THIS SPACE & State City & State Applied For 4. FEI Number FLORIDA 45-1029086 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEURO GA //INAL VAZQUEZ. GERARDO A ESQ. Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DRIVE STE 802 MIAMI FL 33131 世 100 City 8. The above natived entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida SIGNATURE me of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) .9: This corporation is eligible to satisfy its Intangible = EILE NOW!!!-FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPS Delete TITLE ☐ Addition VIII42EEAL, GABEIEL 6956 NW 53rd ST. STE#108 NAME VILLAREAL, GABRIEL NAME STREET ADDRESS 601 BRICKELL CEY DR., #802 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-7IP Miami, FL, 33166 TITLE ☐ Delete TITLE Change Addition Pamierz, Eduardo 6955NW 52nd. ST. STE 108 NAME NAME STREET ADDRESS STREET ADDRESS Miami, FL, 33166 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

CHRICO<del>rr</del> SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR