

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 30 PM 4:25

DOCUMENT # P000000 78069

1. Entity Name

Ago Brother Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5203 S.W. 202 Way

3. Mailing Address

5203 SW 202 Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

04-20-01 90308 016 \$ 150.00

City & State

Pembroke Pines

City & State

Pembroke Pines

4. FEI Number

05-1032529

Applied For

Not Applicable

Zip

33332

Country

United States

Zip

33332

Country

United States

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

Gonzalez, Orlando

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

5203 SW 202 Way

City

Pembroke Pines

FL

Zip Code

33332

**DO NOT WRITE
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.

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

January 1 - May 1. Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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: President
NAME: Orlando Gonzalez
STREET ADDRESS: 5203 S.W. 202 Way
CITY-ST-ZIP: Pembroke Pines, FL 33332

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 4000004883314-5
-02/06/02--01049--021
****150.00 ****150.00

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

TITLE: 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Duration (None)

1/9/02 954/448-2002

CR2E034B (12/01)

AGO BROTHER CORPORATION
5203 S.W. 202 WAY
PEMBROKE PINES, FL 33332
954/

FLORIDA DEPT OF STATE
DIVISION OF CORPORATION
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: 2001 UNIFORM BUSINESS REPORT
P00000072069

To whom it may concern:

Please be advised that we filed our 2001 Uniform report on 2/16/01. We returned it with our check # 1115 payable to Department of State in the amount of \$ 150.00.

This check was cancelled by the Dept. of State. I am herewith enclosing copy of cancelled check. I am filing a reinstatement but I request that the filing fee be waived.

I was advised that we should have received a notice back from the Dept. of State – this was never received by our company. If you cashed the check how were we suppose to know there had been a problem.

I am enclosing a check for \$ 150.00 for tax year 2002 and hope that the above problem will be resolved.

✓ Thank you,

Orlando Gonzalez
PRESIDENT