

2001 UNIFORM BUSINESS REPORT (UBR)

1/20/01-
* 1/20/01

FILED
Mar 13, 2001 8:00 am
Secretary of State

01-20-2001 90098 001 ***150.00
01-20-2001 90098 002 *****8.75

DOCUMENT # P00000105178

1. Entity Name

ADVANCED GLOBAL PRODUCTS, INC.

Principal Place of Business

**1020 SOUTHWEST 10TH AVENUE
MIAMI FL 33130**

Mailing Address

**1020 SOUTHWEST 10TH AVENUE
MIAMI FL 33130**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. BOX 013482

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33101

Country

4. FEI Number

65-1079151

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**R. ALFONSO CHEHADE
1020 SOUTHWEST 10TH AVENUE
MIAMI FL 33130**

7. Name and Address of New Registered Agent

Name **CHEHADE, R. ALFONSO**

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

1020 SW 10 AVENUE

City **MIAMI**

FL

Zip Code **33130**

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 date if applicable.

CHEHADE, R. ALFONSO

01-08-2001

(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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **PVST**
NAME **R. ALFONSO CHEHADE**
STREET ADDRESS **1020 SOUTHWEST 10TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33130** ☐ Delete

TITLE **D**
NAME **R. ALFONSO CHEHADE**
STREET ADDRESS **1020 SOUTHWEST 10TH AVENUE**
CITY-ST-ZIP **MIAMI FL 33130** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST**
NAME **CHEHADE, R. ALFONSO**
STREET ADDRESS **1020 SW 10 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33130** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 the same legal effect.

SIGNATURE:

CHEHADE, R. ALFONSO 01-08-2001

305-8548401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)