

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-07-2002 90047 014 ***158.75

DOCUMENT # P01000009942

1. Entity Name
AGENDAS AND MORE, INC.

Principal Place of Business

% RICHARD BARON
 11077 BISCAYNE BLVD.
 MIAMI FL 33160

Mailing Address

% RICHARD BARON
 11077 BISCAYNE BLVD.
 MIAMI FL 33160

2. Principal Place of Business

1970 NE 153rd St.

3. Mailing Address

1970 NE 153rd St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 29

Bay 29

City & State

N. Miami Beach, FL

City & State

N. Miami Beach, FL

Zip

Country

33162

USA

Zip

Country

33162

USA

4. FEI Number

65-1074753

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARON, RICHARD

11077 BISCAYNE BLVD.

MIAMI FL 33160

Name

Louise Cassius

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

1970 NE 153rd St.

Bay 29

City

N. Miami Beach

FL

Zip Code

33162

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

2/25/02

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME President
 STREET ADDRESS Jack Cassius
 CITY-ST-ZIP 1970 NE 153rd St. Bay 29
 North Miami Beach, FL 33162

TITLE ☐ Delete
 NAME Vice President
 STREET ADDRESS Louise Cassius
 CITY-ST-ZIP 1970 NE 153rd St. Bay 29
 N. Miami Beach, FL 33162

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

305-944-2226

Daytime Phone #

CR2E034 (9/01)